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A MAGAZINE FOR THE DOCTOR AND HIS FAMILY.

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Original Articles.

HYPERÆSTHESIA SEXUALIS—A REPLY TO DR. MOORE.

BY L. M. PHILLIPS, M. D., Penn Yan, N. Y.

In the June number of the JOURNAL Dr. A. C. Moore, in his article "Hyperæsthesia Sexualis," asks a few pertinent questions, that require at least an attempt to answer. But before taking up the subject, I wish to say to your readers and the Dr. in particular, that in all of my published reports, thus far, of these anomalous cases, I have emphasized the fact, that they (the patients) were sexually abnormal. That these hyperæsthetic sexual states, or conditions, were periods of clouded consciousness, and I have reported a few of the phenomena attending these periods of physical subserviency, to the erotic accentuations, leaving out the subject of normal increased sexual desire, as being of very little importance from a psycho-pathological view. Nevertheless a few words on that particular point may not be out of place in reply.

It is a well known physiological law, that glandular secretion, in the healthy person, is constant; this rule applies to every gland in the economy; healthy secretion means irritation, *per se* performance of function, and in the sexual cycle, this performance if indulged in immoderately, increases desire.

Again, in the normally constituted, the sexual instinct is an inconstant quantity; and in such cases as reported by Dr. Moore, there is or was, temporary indifference following indulgence, but not complete sexual satisfaction.

This lack of complete satisfaction of the impulsive desire, leads to a condition allied to actual rutting; and sexual intercourse with many persons at this time increases the desire, until the erotic neuro-mechanism is exhausted of its force, glandular

secretion, (testisulas) is interfered with, and accomplishment of desire becomes impossible.

It is nothing unusual to find an abnormally strong sexual desire, or instinct, in people presenting a neuropathic constitution; and if those so burdened, are constantly reminded of sexual things, and incited to sexual enjoyment, there must be at times the importance of organic degeneration, and may in time reach a pathological degree. I have known this to occur in several "normal healthy" people of both sexes, who were able to gratify libido "ten times in one night;" but who, after following the impulsive erotic desire—times without number and extending over a period of several years,—suddenly were reminded of commencing organic change, by their inability to follow out the erotic accentuation, because of the resulting impotency, (spasmodic, intermittent in nearly every case), which certainly does not occur without a central interference or degenerative metamorphosis in the fibers of the genito-spinal centre, and in this connection, I wish to again emphasize a fact, of which I have so many times written, viz.: The increased ease of associative ideas, when the mentality is controlled by the resulting psychical exaltation that obtains in all cases of excessive libido, whether normal, or abnormal.

What transpires when we wish to concentrate our thoughts upon a single idea? The centres which perceive the impression, do so by means of an accumulation of nervous energy. We shut up the sensorium, as it were to other impressions, and diminish nervous force in neighboring centres. And in the normally constituted, this quickly disappears, when the cerebral activity is again diffused over a great many objects, or over the whole nervous system; to again readily reappear when we concentrate our thoughts. Let us follow this line a little further, for the reason is obvious, concentration of thought, the fixing of the nervous force upon an idea or ideas, into the condition of sleep, or when the mentality, and physical being is supposed to rest.

Does it rest? Does the mind filled with disturbing figures rest? Can the erotic mind, filled with images, or ideas, per-

taining to sexual acts, continually excited, when in the waking state, by excessive libido, be free from these images or ideas, when asleep?

No! For dream succeeds dream, in which the idea, or image predominates, and in this somnambulant state, this other state of consciousness, the mind still keeps up its work, not as it does in the waking condition when the nervous force is distributed otherwise, but it is a concentration, a subserviency of the whole cerebral nervous activity upon a single image or idea; controlling the individual's acts, when in the waking condition.

The Dr. inquires, "What marks the excess, that constitutes hyperæsthesia?" This is no easy task in a single case, neither is it an easy task to mark the dividing line between sanity or insanity. The feat may possibly be more difficult when we remember that we are dealing with a neurosis, or a psychosis, and not with organic change.

Eminghaus (*"Psychopathologie"* p. 225) declares, "that the immediate reawakening of desire after satisfaction with its occupation of the entire attention, and no less the excitation of libido by the sight of persons and things which in themselves should have but an indifferent sexual effect, are decidedly abnormal." In general, sexual instinct and its corresponding needs are in proportion to physical strength and age.*

The line of demarcation is hard to find, and when found, is still harder to describe, but certain points from experience may help out the student on this elusive point, where it can be obtained. The heredity, especially if neuropathic, is of prime importance; and this investigation must cover, not only the moral and mental status, but the physical development as well. In the examination of the patient, find out if possible, just what condition of consciousness exists during the period of mental perversity. Is he forced against his will, completely or incompletely? If he or she is satisfied after coitus? If the desire is quenched after indulgence, then don't bother about an abnormal sexual state, it isn't there. Are they masturbators? Does the impulse become imperative, and is it beyond their control? Do they perform indecent acts? Is there any other mental ab-

*Krabbt—Ebing.

normalty, eccentricity, jealousy, prudery, etc.? Periods of mental confusion, with dizziness, and clouded consciousness?

In one case, male, 29 years, it was impossible to discover any hereditary taint, but who, comparatively healthy, and normal in every direction, was compelled at times when his sexual excitement was excessive, to perform coitus, from ten to fifteen times in the twenty-four hours, and that too without deriving any feeling of satisfaction. In this case a condition of general nervous hyper-irritability, with severe phenomena of emotional irritability, gradually developed. At the height of these attacks, he lost control of his senses, memory was in abeyance, and under this condition he was an irresponsible agent to his own acts. This case of hyperæsthesia sexualis, was diagnosed by the family physician, as one of sexual neurasthenia, and treated as such, with the result of increasing the mischief, and that too, in face of the fact, that after one of these attacks of violent emotion, the sexual excitement disappeared entirely.

Just a few words about Solomon, in passing. The eminent John Kitto D. D. F. S. A. says that he ascended the throne about 1030 B. C. being at that time about twenty years old, and that he reigned forty years; this makes his age about sixty years when he died; not a very old man, as we reckon mortality in the nineteenth century. It is written that "he took the strength of an ox every day," but the chronicles forgot to mention, whether in form of spermine or testine, hypodermically or in tablets, or that he discovered some element that supplied the constantly depleted fountain. But judging from all accounts he was able to keep the inmates of his extensive harem "guessing" where the "lightning" would strike next. He certainly followed the impulse to its limit, rapidly degenerated, when the sexual demands upon him became cerebral, and when no longer able to perform the act, disgustedly wrote, "*vanity of vanities, all is vanity.*"

Much more might be written in answer to Dr. Moore's thoughtful letter, especially in regard to physiological law governing sexuality, but not this time, for I have already "spun" this article out to an interminable length, and stop before I weary you beyond hope of recovery.

"OPIUM IS KING."

By W. J. WEISER, M. D., Marion, Ohio.

The science of medicine is an immense aggregation of positive knowledge, accumulated experience, and accredited theories. This may not be all that the science comprehends, but it is the tripod on which it exists. Every medical fact, every official drug and every adopted theory enter as integral factors into the structure of the noble science of medicine.

But the drug that has contributed most to the glory of our profession—in fact, has done most to deserve the homage of humanity, is opium. No medical man is a true physician, unless he is a humanitarian. There is no humanitarian who does not use his scientific knowledge, when possible, in the mitigation of human suffering.

No drug, of the thousands at our disposal, has accomplished the specific work of humanitarian therapeutics, like opium.

Truly, of all the drugs of *materia medica*, we can say "opium is king," for the same power that spoke into existence the lily and distinguished it above its class with surpassing beauty, has embodied within the capsule of the *papaver somniferum* a far greater treasure—a therapeutical agent whose mission is to relieve suffering humanity! To antagonize the most dreaded enemy of the human race, *pain*! Death itself is robbed of its worst feature by this wonderful organic chemical.

We cannot pretend, of course, to consider the pharmacology of this drug. Suffice it to say, however, that it is as wonderful chemically as it is therapeutically. It is settled, we believe, that it has *seventeen alkaloids*. In fact it was in the chemical investigation of this drug, that the discovery of alkaloids was made. Therefore, our debt to opium pharmacologically is beyond conception, for some of the most substantial advances in medicine are marked by discovery of some of the alkaloids. Then we have nothing to say against surgery, nor against the rest of the *materia medica*, but we say, "the greatest of these is—opium."

The genius that has brought surgery to its present point of

efficiency has confounded the wisest men, and has exceeded in splendor of achievement the most reckless expectations.

The number of bright stars in the glory of new remedies that have taken their positions in the last decade is decidedly large. And while we are proud to point to the phenomenal success attending the administration of many of them, yet we feel that "it is not that we think less of Rome, but we love Cæsar more" in this matter. Accordingly in spite of this unusual *fin de siècle* acquisitions, we still believe that opium has done far more to lessen the suffering brought into the world by disease than any single medical agent. We confess that, in *our* field of vision, morphine is the pharmacopœial cynosure.

It is the *vis vivæ* of therapeutical dynamics and has won a high position for medical science in the hearts of the people.

But it was not our purpose to write a panegyric; for if it had been, we should be sorry to do such an injustice as the above.

Now it is perhaps well enough to state that we are aware that the more prompt and certain the drug, the more liable to be misused. The more powerful for good, the more deplorable the effect of its abuse. The more pleasant the action of a remedy, the more danger of a habit.

We admit that opium can and does produce the more abject of all human wretchedness.

The opium habit is, of course, simply pernicious, and is a serious objection to the long-continued use of the drug without the greatest precaution. In fact, the matter of its prevention, by an intelligent supervision of its use and by a routine business of keeping patient in ignorance of the nature of his treatment (which is legitimate but sometimes impossible) ought to be an earnest, personal consideration with every physician.

It is interesting to note that England's revenue on opium shipped from India to China in one year is \$32,000,000. What a comment is this fact on the intelligence of China and the Christianity of England!

The fact that the most positive remedies are the most dangerous should be sufficient to continually remind the physician of the gravity of his responsibility in the use of these valuable drugs. And we might ask, if the profession cannot ever

be found the most vigilant of all in protecting the people against damage by their own armamentarium, can any one else be expected to do so?

No one can deny that if the physician does not do his duty in this direction, the most energetic efforts of the laity must be of small avail.

It is before its inception that morphinism ought to be met and vanquished. The possibility that opium may do as much harm as good should not be lost sight of. Are we able to use this drug for the good of humanity and prevent the harm? I believe we are. But it must be apparent that men of conscience only, are fit to assume the responsibilities placed upon them when administering this and similar drugs. For such physicians will allow the best interest of their patients to have the proper weight in their decisions.

The merest empyric must have observed that the very drug that so kindly and so easily transforms our suffering into the forgetfulness of sleep, may be our most treacherous enemy.

Warmth, moisture and air promote the growth of plants and are indispensable to it. But if an accident happen to break down a plant, these very agencies are the ones that carry on the process of decomposition and hasten its disintegration. And it is to the analogous fact with regard to opium in therapeutics that we would call the attention of our confreres.

It was also our intention to insist that, with proper precautions, in spite of the dangers, the use of morphine could be far more extensive than it is; that because it is such a common drug it is too much overlooked. It is without doubt too often supplanted by untried and inferior drugs. We believe that, in spite of unpleasant sequelæ, we could often, where we do not, save time (for the patient) by the intelligent exhibition of morphine at once. We had expected, furthermore, to give practical illustrations of these and other facts connected with the use of opium in disease. But we have found the subject entirely too extensive to go over it in this way and for the present, must be contented with the above hints.

We should be pleased, however, in the future to give some convictions from experience and observations along this line.

We might state, in conclusion, that this communication may seem more like a voice from the middle ages than anything else, to some, with whom the opinion may obtain that the therapeutics of opium have been settled long ago. But we wish to record it as our humble opinion that our knowledge of the applications of opium in disease is nothing as yet but embryonic.

MALARIAL REMITTENT FEVER.

BY W. H. BALDWIN, M. D., Bethel, Mich.

The abundant rain fall throughout the northwest, filling up the ponds and marshes that have for a number of years lain dry and dormant, lead us to believe that malarial troubles will be unusually prevalent this season. There will be two reasons for this. First, the drying up of the swamps and ponds containing the malarial poison which will be more greatly developed, and second, the fruitful sources of this poison having been comparatively dormant for a few years, the system has become unaccustomed to its action and so possesses a *minoris resistenciæ*.

It is not my intention to go into a technical treatise on this malady, as it is well laid down in our text-books, but it would be behind the times (perhaps in advance) should I not mention the bacillus malarix, so will say that while bacteriologists leave this micro-organism in some doubt, to the unaided eye it seems to me there is no class of disease, the symptoms of which point so strongly toward a definite organized structure as a cause as the malarial diseases, the uniformity of organs attacked, the periodicity, their response to paracitidal remedies, etc.

In malarial remittent, or, as it is sometimes called, typho-malarial, we have a slight departure from the routine phenomenon of the intermittent variety, but it presents to us a different phase in diagnosis and treatment.

The symptoms of malarial remittent resemble strongly those of typhoid, so much so that the charlatan can go on for years showing an enormous percentage of recoveries from typhoid fever, and his fame may proceed into the next county. It is he

who is enabled to break this dread malady on the seventh day, and show more cases of typhoid than his honest brother practitioner. Not long ago one of this kind, whose fame was as I have described, admitted to me that he had not had a case of true typhoid in six months.

The disease usually comes on with but limited prodromal symptoms. A chill, violent headache, a sharp rise in temperature, a general feeling of malaise, pain in region of liver and spleen referable more to one than the other depending on which organ is involved in the greater congestion, a coated tongue red at tip and sides. The violence of pain varies from a dull heavy ache to one of almost unbearable magnitude.

Mrs. A. B., aet. thirty-five, bowels constipated; took physic to relieve; was taken with intense pain next day in region of liver. Gave hypodermic injections of morphia to extent of stupidity, applied hot fomentations, turpentine stupes, etc., without relief. After forty-eight hours, pain was relieved and usual course of malarial remittent fever of fourteen days was run.

The specific action of quinine has not been realized by me in this disease as it runs, seven, fourteen, or twenty-one days, regardless of treatment. Therefore, the treatment should be directed toward cutting short the malady at the end of one of these periods. I have been able to do this without the use of quinine seemingly as well as with that drug which sustains such a reputation in malarial troubles. Still, I believe it to be a valuable adjunct.

At the beginning, small doses of aconite and gelsemium for thin sedative effect upon the nervous system, aided always by opium plentifully if needed, which is usually the case. Tincture iodine combined chemically with milk, for its effect upon the poison, and it also speedily relieves the soreness in liver and spleen. If the temperature is not above 102° , I administer small doses of quinine from the beginning. If above the point named, do not begin its administration until the sixth day, when it may be given freely, hoping for a disappearance of the fever, which has receded from 1° to $1\frac{1}{2}^{\circ}$ daily with evening exacerbation if symptoms are favorable.

The diagnosis should be guarded as it is impossible to positively diagnose this disease from typhoid in the first stages. The majority of cases however, do not carry with them that appearance of extreme prostration, the symptoms more acute, and the bowels constipated.

RHEUMATIC PURPURA, OR PELIOSI RHEUMATICA.

BY A. W. JONES, M. D., Jones, La.

On the 7th of the present month, May, '96, a farmer came for me to see his daughter, whom he said was suffering from an attack of erysipelas. She was a widow, aged about twenty-five years. Her father stated that while engaged that morning in washing some clothes she felt pain in her right shoulder which rapidly increased so that she was compelled to relinquish the washing, and upon going into the house and exposing the shoulder to her sister, there was discovered some swelling and a purpuric spot, raised into blisters in several points, about half an inch broad and one and a half inches long on the upper and under side of the arm almost in the axilla.

I was in bed sick at the time and advised sending for another physician, but the patient's father said he was sure it was a case of erysipelas, so I gave him, at his request, the usual remedies for that trouble including a lead and opium wash for the painful spot.

On next day he came back and reported patient no better, but still thought his diagnosis correct. The pain was still quite severe, and he still insisted in waiting until next day for me to go to see her instead of getting another physician. I gave him some morphine tablets, and told him I thought I would be able to see her next morning.

9th. Saw patient about 10 o'clock A. M. Found the ecchymotic patch as he described it. On puncture a little sanguinolent fluid ran out; not very tender over the seat of trouble, but tissues around it were considerably inflamed and tender. Shoulder and elbow joints on right side as well as knees and ankles slightly swollen, tender to the touch and the patient com-

plaining of great pain. Temperature 102° ; pulse 110 and weak; tongue clean; heart sounds normal. The patient's entire body was covered with a rash almost identical with measles. Diagnosed rheumatic purpura and gave patient salicylate of soda in 15-grain doses, every three hours, with aromatic spirits of ammonia and spirits nitre at same intervals one and a half hours after the salicylate.

10th. Patient much better. Joints still swollen, but not painful unless moved. Slept well previous night. Continued treatment. Temperature 99° , pulse 100.

11th. Temperature normal, pulse still 100° . Rash almost gone. Desquamation of skin quite plain on face. Made intervals of salicylate soda four hours and reduced dose to ten grains. Discontinued ammonia and nitre. Told patient's father that I would not return unless there was a relapse, and in that event to send for me at once.

14th. Sent for again. Found pains in joints worse. Temperature 101° . Tongue coated. Salicylate had been discontinued on previous night. Recommenced it and gave one grain calomel every hour for five hours to be followed after purgation with quinine. Pulse 100. From peculiarity all along I had feared pericarditis, but patient always denied any pain in cardiac region, and I had detected no abnormal sounds until to-day I found an indistinct murmur after first sound, still no pain. Urine acid s. q. 1020, no albumin.

16th. Temperature normal. Pulse 90. Murmur quite distinct. Patient said she had some pain in cardiac region last night, but the absence of fever and slight character of pain would not confirm a diagnosis of pericarditis. Advised perfect rest and continued the salicylate every four hours.

20th. Patient sitting up, but feet rather weak. Temperature and pulse as when last seen. Murmur seemed to be disappearing though could be still heard. Gave salicylate three times a day with a tablet containing arsenous acid, strychnine and bi-chloride mercury each 1-60 grain. Reduced iron one grain.

25th. Condition same as when last seen. Site of the purpuric patch is still ulcerated. Treatment continued.

If there is another relapse or anything of interest develops in the case, I will report it later.

PELVIC THROMBUS.

BY D. G. SIMMONS, M. D., Adairville, Ky.

I beg leave to submit a brief history of the following case which recently came under my observation. I cite the case more readily since clinical histories elicit more interest, and fasten themselves more effectually on the memory than any other method of presenting truths.

On June 1st, 1896, I was called to the neighboring county of Robertson, state of Tennessee, to see a patient in conjunction Dr. Henry S. Taylor of that county. Dr. Taylor gave me the following history of the case in question: Mrs. Duffer was about twenty-four years of age, in fairly good condition and well developed. On May 28th he delivered her of a child (the second) at full term. The labor was promptly terminated, and without noticeable incident. The last two or three pains were very strong and effectual. The placenta, etc., was promptly delivered. She was thoroughly cleansed and made comfortable, and after the child had had proper attention, the doctor took his leave. Two or three hours later he was hurriedly summoned to the patient, who stated that she had been suffering nearly ever since he left with a most excruciating pain about the pelvic region, which pain was continuous and without remission. Regarding it as an after-pain, he gave her a hypodermic injection of morphine which quickly secured quiet and comfort, and he again took leave. Within about twenty-four hours he was again summoned and told by the patient that she was suffering with a distended bladder and inability to pass water, as well as a feeling of great fullness and discomfort about the pelvis. In his effort to introduce a catheter, he discovered a considerable distension and bulging occupying the right side of the vagina, which presented a baggy sort of sensation to the finger. After emptying the bladder, he gave another hypodermic of morphine, which again secured comfort. On the day following she was still unable to pass water, and had developed some fever, the temperature averaging about 102°, and this state of things continued till the 31st when he discovered an opening in the vaginal

wall just beneath the meatus urinarius, which opening was not there at the previous examination. As this baggy tumor with its opening and offensive discharge was something new to him, he sought medical advice. With this history I proceeded to the examination and found that the vaginal wall opening, above alluded to, was sufficiently large to admit the index finger. A cavity filled with decomposing clotted blood, was discovered, extending from the areolar tissue of the uterus posteriorly up behind the peritoneum, then downward to the right of and parallel with the vagina and rectum to the integuments posterior and to right of the anus, the surface at the last-named point presenting a dark discoloration from the extravasation of blood just beneath. The cavity was very irregular, some of the pockets and cul-de-sacs being so deep that they couldn't be reached by the finger. The opening was enlarged sufficiently to admit two fingers, the coagula were turned out and the cavity thoroughly irrigated with hot carbolized water until it passed out clear. It was then packed with iodoform gauze, which was allowed to remain twenty-four hours, after which a drainage tube was adjusted, and the carbolized wash was continued daily.

After this there was no more trouble with the bladder, and her discomfort and restlessness all subsided, her appetite returned, she slept well, and began to clamor to get up. Her temperature ran down to from 99° to 100° , but didn't reach the normal range. This temperature remaining several days, and the discharge continuing offensive in spite of the antiseptic washes, it was suspected that the enemy was still lurking in a masked form, and I was requested by Dr. Taylor to see her again.

An examination revealed the fact that there was no reparative effort yet apparent, the cavity remaining *in statu quo*, and the discharge from the thrombus profuse and very offensive. As the finger was too short to reach the bottom of the pockets, we availed ourselves of Elliot's uterine repositor, which is susceptible of having the point flexed at any angle by a thumb-screw to reach to the desired depth. The point of this instrument was supplied with a sort of mop or swab, and the whole was then

enclosed in a linen cover to hold swab in place. By means of this assistant to the finger, the bottom of the cul-de-sacs was reached, and about six ounces of blood-clots, badly decayed, were removed, and the cavity was again thoroughly flooded with hot carbolized water until it passed out entirely clear. In order to favor the more effectual removal of all offensive matter, the patient was required to sit upright over the commode while the fountain syringe was playing. There was no more offensiveness of the discharges, the temperature became normal within twelve hours, and a healthy granulation immediately set up in the walls of the cavity. Twelve days later Dr. Taylor dismissed his patient, the cavity having almost entirely filled up, and she went on to perfect recovery without further incident.

While there is nothing very remarkable about this case perhaps, it is at least interesting by reason of its rarity, and it scores another point in favor of antiseptics in aborting the old-time puerperal fever.

It seems that during the throes of the second stage of labor, a perineal vessel was ruptured, thus forming a thrombus or hematoma, and as the hemorrhage continued, the pressure was so great as to dissect up the areolar tissue as above described, and produce the violent tearing pains previously alluded to. Although this is one of the legitimate accidents of labor, it is so rare in its occurrence that it is well calculated to confuse one who meets it for the first time.

CONSTIPATION.

BY S. H. BRITTON, M. D.

Dr. Brodnax in his characteristic and practical way recently alluded in your interesting JOURNAL to "Some Pleasant Laxatives." This reminds us that we have continually insisted for the last ten years on the importance of constipation as a factor in disease. We have read some good sensible literature on the subject during that time, but none gave it the relative importance we think it deserves.

Personally we succumb to the charge of being an enthusiast

on the matter of keeping the *primæ viæ* in normal condition. We believe every physician who will consider for one moment the variety of phases that this subject may assume in practical medicine, cannot avoid the fact that it is really of vital importance in no small per cent. of cases. Certainly we cannot ignore it in *any* case.

True the subject is old—so is the human race. The age of a subject seems to have little to do with the amount of knowledge concerning it. The money question is an old one, but we'll wager our reputation that three-fourths of the *business men* of Cincinnati cannot give a correct definition of "money." Indeed we are compelled to admit that with regard to indigestion our knowledge has, up to date, been humiliatingly crude. When we reflect that the alimentary canal is twenty-six feet in length, and that the greater part of it is contorted in every direction, it is not strange that we should begin to give it more attention. We lately had the pleasure of hearing Dr. Etheridge of Chicago, while talking on gynæcological cases, declare that in any gynæcological case whatever, *constipation must be removed*, if we expect to cure our patient. The doctor on being complimented for his good sense, said: "That, sir, is the outgrowth of twenty-five years of experience."

It is beyond question a fact that three-fourths of the "female" cases now surgical, if restricted to one remedy, would get most benefit by taking "some pleasant laxative." We wish to add in this connection that we have been compelled by a somewhat unpleasant experience to give almost no credence to the statements of females with regard to the character and frequency of evacuations, and have been for some time making it a routine practice to give tonic laxatives in all these cases.

We venture to say that there is not a physician anywhere who is eminent in general medicine on account of success, who has not definitely in all cases given more or less attention to constipation. We say "eminent on account of success." We don't mean eminent on account of matrimonial connection or money—not on account of what he can *say*, but what he can *do*.

"Nothing succeeds like success." Now we have on the matter of constipation some decided convictions. They are indel-

ibly written down with our articles of faith. We have been continually taught by observation, experience and common sense, that in treating disease we cannot ignore the fundamental principles of physiology. It takes only a short time in the actual practice of medicine to learn that nature's laws are not disregarded with impunity; and that if we allow the cause to persist, the effect must follow. How unreasonable for scientific people to expect anything else! Yet plenty of physicians plod along with apparent complacency (especially in "female" cases) without any attention to the eliminative processes or ignore a miserable indigestion and constipation. They somehow imagine that there is located in aletris cordial, or a pessary, or some specific (?) the force which *somehow* must compel the woman to get well in spite of such violation of nature's laws. If there is any good in exchange of ideas and medical literature in general, it is something that will arouse some earnest original thought, and we'll accordingly record it as our opinion that the pessary must soon seek the shades of oblivion and "innocuous desuetude." An idea that occurs to us in this connection is this: Specific medication is a phase of practice that compels a deep respect for our profession. We cannot doubt that ergot acts specifically on the uterus. Aconite is a specific for *acute local* inflammations. Quinine, mercury, etc., are specifics as we know. Now we can without doubt get more beautiful results out of our specifics; also increase their number and extend their application by more attention to the digestion and assimilation of our patients. Constipation, being the prevailing malady of civilization, would come in for a great share of attention. There are, as we must know, many facts of physiology which make constipation of very great importance. While we cannot presume to do anything in this paper but help to stir up an interest, yet we would say that there are four functions which distinguish the "living" from the "not-living," viz.: assimilation, waste, reproduction and growth. Of these, the only one that can maintain an individual life any time without any of the rest is assimilation. Life, we can imagine, might continue a while without reproduction, waste or growth, but not a moment without assimilation. But as assimilation depends on the products

of digestion, and since digestion cannot be normal when there is constipation, the importance of constipation is plain.

Digestion furnishes the fluids which contain the elements for the building of all the tissues and these elements are assimilated by them. The purity of the blood, therefore, depends on normal digestion. The normal condition of the tissues is only continued by the supply of the normal elements of the blood. These commonplaces of physiology, we mention, to say that we have need of *assimilating them*. Digestion, then, depending on a healthy condition of *primæ viæ*, constipation cannot continue without being a detriment to the general health.

Besides this, we think it will not be long until a great many simple continued fevers (which are not now very well understood) and many other maladies will fall into the category of "auto-infections." We have no reason to doubt that in a case of constipation, there is a constant deterioration of the blood, by a continual re-absorption from retained excretions. At least every physician seems to believe the larger intestine pre-eminently absorptive. Here it is as it exists in our mind: A poisonous substance in the rectum has been excreted properly, but owing to retention of foecal substances, is *re-absorbed*. It is again excreted and again re-absorbed, etc. Sooner or later this must result in an abnormal condition of every living cell of the body. Let us study digestion, brethren!

SUMMER DISEASES OF INFANTS AND CHILDREN.

By S. D. SOUR, M. D., Princeton, Minn.

The season is now at hand when the various intestinal disorders that are coincident with the hot summer months, and which cause many a vacant place in the home circle and the stilling of the small, sweet voice, will engage and tax the skill of the busy practitioner. One cannot be too well informed on these diseases of the digestive tract and the wisest and most skilled in the profession will find all his energies taxed to the utmost in treating the grave cases that fall under his care.

A perfect knowledge of the principles of feeding of infants and the very young is absolutely essential that the little patients may have all the chance possible with careful medicinal treatment. The doctor who is up in his profession will always carefully inquire as to the feeding of the patient as soon as his services are solicited, and will give careful instructions as to dieting and sterilizing the food. It is just at this point that many an M. D. who is skillful and enjoys a good practice does not stop to think in his busy rush of work, as to a careful query, as "What have you been feeding?" and often wonders why his treatment was not successful, when only a little more care and thinking in the right line would have produced in some cases different results. In no other classes of diseases is more care required as to proper food at the right time and in amounts suited and indicated by condition of patient. Hygiene is important and should be looked after.

The vast majority of cases are due to errors of diet and in many instances its proper regulation will produce a cure alone. If the reader of this short article gets no other pointer than this one, the writer feels that he has been fully repaid for effort.

No meat, no fruit, no vegetables, is an excellent rule and easily remembered, and where observed its effect is always good, if it has not been previously noted all food should be sterilized if possible, and should be of the nature of human milk as near as possible for those who are small and take liquid diet, as infants.

In many cases a laxative given when the case is first seen is indicated to unload the intestinal canal of undigested material and prepares the way for other remedies as the case needs. Rest, good fresh ventilation with therapeutic treatment, with regulated diet are the essential factors in the treatment of the maladies.

HARD ON THE HOTEL.—"What sort of climate have you?" inquired the prospective guest.

"First rate," said the proprietor of the summer resort, "Cool and bracing : creates a great appetite. Why, our guests declare that they are as hungry after a meal as before."

STRICTURE.—A CONTINUATION OF THE REVIEW OF "GANT ON THE RECTUM."

BY GEO. J. MONROE, M. D., Louisville, Ky.

Stricture of the rectum always implies a contraction of the calibre of the gut. I do not think that pressure of the womb, an enlarged prostate, or tumor upon the rectum, ought to be called an absolute stricture. In fact, it is not, it is only an obstruction produced by the pressure, and no contraction. All strictures are caused by inflammation or ulceration, generally by ulceration. The cicatrization which follows from the ulcer healing, causes the stricture. Anything which will produce a sore in the rectum, which becomes ulcerated, may produce a stricture. Hence, trauma may cause stricture. It is not common to have stricture follow surgical operations upon the rectum. The official surgeons are not as apt to have stricture follow their operations as the opposite condition. I have seen several cases where the sphincter muscle has been destroyed, and hence incontinence of feces, as a result of the so-called "American" operation. Constipation seldom ever produces stricture. Of course, we may have the parts torn by expelling hardened feces. This laceration may result in ulceration and stricture. This never will occur in a healthy rectum. The tears made in a normal rectum will kindly heal in a day or two. By all odds, the most frequent cause of stricture, is syphilis. I believe if we exclude cancer, that ninety-nine one-hundredths of all cases of strictures of the rectum, are produced by syphilis. Childbirth may, though rarely, produce stricture. I think a much larger proportion of men suffer from rectal stricture, than Dr. Gant gives. My experience would say that the disease is about equal in the two sexes. I never saw but two cases of tubercular stricture of the rectum. I have seen many cases of tubercular ulceration of the rectum, but this ulceration seldom ever reaches stricture. Doubtless the powers of healing do not exist in this class of cases, hence we have no cicatrization and contraction.

Catarrh of the rectum does not produce stricture. I believe I have seen stricture as a result of dysentery. This seldom ever

takes place, however. Shortly after a dysentery is cured, we may find some contraction of the caliber of the rectum. Examine again in two months, and we will find none whatever.

Spasmodic stricture is simply a symptom, and no real disease of itself. It is a spasm simply of the sphincter muscle. I do not believe we find any spasmodic contraction, even temporary, above the sphincter. Give our patient (who has spasmodic stricture), chloroform, and we find no contraction even of a spasmodic nature. The symptoms of stricture are first, pain in the rectum, and this from the inflammation and ulceration. When cicatrization takes place we have obstruction. We find difficulty in expelling the feces. We now very soon have constipation, caused by the mechanical obstruction. We may have the appearance of a diarrhea in stricture, and yet constipation. The fecal matters being retained, produces an irritation; this causes an increased flow of mucous and water from the mucous lining of the bowel, hence the diarrhea. Small pipe-stem feces are no indication of stricture. The flattened ribbon-like discharge, may to some extent, indicate an abnormal condition or contraction. Small lumpy discharges, I think, we nearly always find in stricture. If a patient has had stricture any length of time, he finds an unpleasant feeling in the rectum, a tenesmus, and spends half of his time in the water-closet, trying to empty the bowel. His skin becomes waxy and pale, tongue coated, and breath very offensive. In fact even the perspiration has a nasty smell. They become prostrated, are exhausted easily. I do not believe we can diagnose or say a patient has a stricture, by looking at the anus. The anus may be open, and the sphincter relaxed and flabby, from other causes besides stricture. Neither do the tags and flaps of skin, or eczema about the anus prove stricture. A diagnosis of stricture can be always made, if it is within three and a half or four inches of the anus, by introducing the index finger. If it is above four inches, we cannot reach it with the fingers. We usually can, however, with bougies. I think perhaps the pear or olive-shaped bougies are the best for the purpose of diagnosis. If we reach the stricture with the finger, we should pass it through it if we can. By doing this, we can form some idea of the extent of the

stricture, and can decide if ulceration exists above the stricture. In using a bougie we must not apply much force. The bougie may catch in the folds of the rectum, and if much force is used the gut may be ruptured. By gentle pressure, turning the bougie, and changing the position of our patient, we can usually pass it. Very few strictures of the rectum are absolutely cured.

In regard to treatment.—We should give concentrated food, that is food that has but very little residual matter. This may consist of milk, eggs, nourishing soups, and liquid foods generally. The feces must be kept as soft as possible, hence we have to give laxatives. I think the salines are the best. We may use sulphur, cascara sagrada, etc., etc. Some of the laxative spring waters are excellent. At least three times a week the rectum should be washed out with large injections of warm or cold water. We may add a little glycerine to the water. I am in the habit, after washing out the rectum and colon as well as I can of injecting

R	Carbolic acid	gr. i.
	Boracic acid	gr. x.
	Listerine	ʒss.
	Aqua	ʒij—iv.

This ought to be retained as long as possible. If the patient lies down and remains quiet, they can retain it for a long time. No medicine will produce absorption of the stricture. This is one condition of syphilis where anti-syphilitic remedies are of no avail. I use the bromides, chloral hyoscyamus, cannabis indica, and other anodynes to control pain, if non-cancerous. If cancer, nothing takes the place of opium in some form. We must keep up the patient's general health as much as possible. I find the hypophosphites, maltine and cod-liver oil as good as anything for this purpose.

In regard to operative treatment, I prefer gradual dilatation. This may be done by different sized bougies or the finger. I use the finger. We not only dilate with the finger, but we can use massage which frequently will produce absorption of the diseased tissue. I do not often use forcible dilatation. I have seen very severe inflammation result from forcible dilatation, and

I have used galvanism somewhat, but I do not believe I have ever derived any benefit from its use. If the stricture is within two inches of the anus, we may incise it in two, or three places. After doing this, the fingers or a bougie will have to be passed every day or two to prevent recontraction.

I will take up colotomy at some future time.

Clinical Reports.

PRACTICAL USE OF THE X-RAYS.—SARCOMATOUS TUMOR IN THE PHARYNX.

BY W. O. ROBERTS, M. D.,

Professor of Surgery and Clinical Surgery in the University of Louisville, etc., Louisville, Ky.

[Reported to the Louisville Surgical Society.—C. C. Mapes.]

The first patient to which I would call your attention is a colored boy, eighteen years of age, from whose hand I removed a bullet a few days ago with the aid of the cathode rays. The history is that he was shot about a year ago, the ball entering between the second and third fingers ranging backward toward the wrist. The wound was probed by the attending physician at the time, but the bullet was not located. By means of the cathode rays the ball was plainly visible slightly imbedded in the os magnum fully two and one-half inches from the wound of entrance. It was removed without any serious difficulty, and the patient has done well since the operation.

Case 2.—The next patient came to me several weeks ago with a large tumor presenting in the pharynx. I sent him to Dr. Ray who aspirated the growth, getting nothing but a little blood. This tumor has been present in the man's pharynx for several years, and while considering the question as to operative interference, he told me that was not the chief trouble for which he came to consult me. He says he has passed a brownish

colored urine for the last twelve years. I would like for the members to examine the tumor in the throat and give an opinion as to the probable nature of it.

DISCUSSION.

Dr. W. L. Rodman:—The tumor of the throat shown by Dr. Roberts I take to be a cystic sarcoma; there is probably very little fluid in it; these tumors often give deceptive signs of fluctuation. I have seen several such cases where there was evidence of fluid, but upon aspiration none could be withdrawn. Sarcomatous growths are not uncommon in this situation.

Dr. A. M. Vance:—In my opinion the growth in the second case reported by Dr. Roberts is malignant in character, probably a sarcoma.

Dr. J. M. Ray:—I saw this man some weeks ago at the suggestion of Dr. Roberts, and on account of the apparent cystic nature of the growth and evidences of fluctuation, I aspirated it. I introduced a canula and tried to draw off some fluid from the growth, but could get nothing except a little blood. It seemed to me that the end of the trocar moved around in a cavity; it was pushed in all directions in my efforts to find fluid which, if present, was so thick it could not flow through the needle used. From the location of the growth, its appearance, etc., it seems to me it must be a cystic sarcoma. Dr. Cartledge has just recalled to mind another case in the city, which is somewhat smaller than the one before us, the tumor being situated lower down, does not seem to push the palate so far forward, but has very much the same appearance clinically as this growth. I have not seen this case for six months, the tumor is said to have existed for several years. The lady came to see me to get my opinion as to the nature of the tumor, and I told her I thought it was a cystic sarcoma. She had been under the care of another specialist who had made an engagement to remove the growth, and I understand started to do so, but on account of excessive hemorrhage, the operation was abandoned.

Dr. A. M. Cartledge:—The second case shown by Dr. Roberts is almost a counterpart of one I saw recently. The growth is undoubtedly cystic, and everything points to a sarcomatous degeneration.

Dr. Jas. B. Bullitt:—In Dr. Roberts' second case a question of considerable interest would be to determine if possible what relation exists between the tumor in the throat and the colored urine which the patient has been passing for such a great length of time. The two conditions seem widely separated, yet the possibility exists that there may be some distinct connection between them.

Dr. T. C. Evans:—Within the last year I have seen three cases similar to the second case shown by Dr. Roberts. One of them was the same case spoken of by Dr. Ray. Another was a lady sixty-five years of age in whom

a tumor presented almost in the median line attached to the mucous membrane of the soft palate. In that case an operation was performed by means of the galvano-cautery, and the growth was found to consist of several small cysts, evidently not sarcomatous in character. The growth was considerably reduced or shrunken by means of the galvano-cautery, and the old lady went home. I do not believe the tumor in this case could have been sarcomatous, as it had existed for ten or twelve years. At one time a country practitioner punctured the tumor and evacuated two or three drams of thick fluid. The cysts refilled, and in appearance when I saw the case, the growth looked like granulation tissue and not like a sarcomatous tumor.

I feel satisfied that all three of these cases are of the same nature; that they are not sarcomatous I am quite certain, although of course none of us can say positively.

Dr. W. O. Roberts:—Like most of the gentlemen who have discussed the case, I think the tumor in the man's throat is sarcomatous, though it has been very slow in its growth. The urine he has been voiding is thoroughly mixed with blood, and the lesion is, I think, in the kidney rather than in the bladder, but so far I have been unable to detect any tumor of the kidney or bladder.

TUBERCULOUS DISEASE OF THE TARSAL BONES.

BY A. M. VANCE, M. D., Louisville, Ky.

[Reported to the Louisville Surgical Society.—C. C. Mapes.]

I have brought this little girl, aged four years, before you tonight simply for diagnostic purposes. You will notice there is considerable tenderness and swelling over the arch of the right foot, which has been present and progressive since the first of last January. She has been able to walk about, and has not complained very much of pain. I would like for the members to examine it and give their opinion as to the nature of the affection. The trouble commenced about the first of January without any assignable cause. She complained of a little pain in her foot at that time, but has been able to walk on it until a week ago. It has had but little treatment, and that of a simple nature carried out at home. The arch of the foot is three quarters of an inch greater than its fellow.

DISCUSSION.

Dr. W. L. Rodman:—In case of the little girl I take the trouble to be tuberculous disease of the bone, because of the fact that we find tuberculous disease of the tarsal bones more frequently than elsewhere except in the bodies of the vertebræ. Neoplasms are very rare.

Dr. A. M. Cartledge:—The indications in this case point strongly to tuberculous ostitis on account of the diffuse nature of it; although of course the possibility exists that the trouble may be sarcomatous in character. While sarcomata are rare in patients as young as this, still we know they do sometimes occur.

Dr. James B. Bullitt:—I should suppose from the history of the case as detailed by Dr. Vance that the trouble was most likely a tuberculous process rather than a sarcomatous one. We know that tuberculous processes may affect any tissue of the body independently, and considering the history of this case, I would be inclined to regard the lesion as one of a tuberculous nature.

Dr. A. M. Vance:—The diagnosis of this case lies between tuberculous ostitis and sarcoma; I am free to confess that I do not know which is correct. The rapidity of the progress of the case, the lack of heat and lack of pain rather point in some respects to a sarcomatous condition. The child's general anemic condition might be due to other causes than tuberculosis. I shall watch the case carefully and await further developments before making a positive diagnosis.

**SARCOMA (?) WITHIN THE ABDOMINAL CAVITY—ENORMOUS
ŒDEMA OF SCROTUM, ETC.**

BY JAMES B. BULLITT, M. D., Louisville, Ky.

[Reported to the Louisville Surgical Society.—C. C. Mapes.]

I present this case for the purpose of diagnosis chiefly. The patient, Mr. W., sixty-two years of age, up to last March a year ago, was in comparatively good health. He was treated at one time by our friend Dr. Howard for a lung or heart complaint, so he states, there being no demonstrable disease of either organ at this time. Shortly afterward he noticed that the scrotum and penis began to swell, as well as the structures across the pubic region. The patient was, I believe, presented before a meeting of the Medico-Chirurgical Society some time ago, and since

then he has had a persistent œdematous condition of the scrotum, penis and of the structures over the pubic region, also marked swelling of the left foot. The right foot and leg have never been involved. At the time he was under the care of Dr. Howard I understand there was some albuminuria, and at the present time that feature is quite pronounced. There are now marked glandular enlargements in the groins, and a tumor is to be felt in the iliac region. There are also secondary nodules in the axillæ. The case is presented because the gentlemen of the Society have seen it before, so they can observe the advance of the disease.

DISCUSSION.

Dr. W. L. Rodman:—The case of Dr. Bullitt presented is I believe a sarcoma. There is evidently a tumor within the abdominal cavity attached to the pelvic bone. It is this which is giving rise to the œdema below.

Dr. A. M. Vance:—I saw this case three or four months ago at the time he was presented before the Medico-Chirurgical Society. The œdema was even more marked then it presents to-night. I gave it as my opinion at that time that it was a case of malignant disease, and still think so.

Dr. James B. Bullitt:—This old man certainly presents some form of malignant disease, and I am glad the gentlemen who have discussed the case have so expressed themselves. Whether the disease is sarcomatous or carcinomatous is of no particular importance at the present time. His complaint is more or less chronic which leads me to believe that it is sarcomatous rather than carcinomatous.

AN AWFUL THOUGHT.—First Ancient Maiden—"I have often thought that suppose when a dentist gives you gas, he should kiss you. Wouldn't it be horrible?"

Second Ancient Maiden—"Horrible is no name for it. Why, you wouldn't know anything about it."

THE CAUSE OF HIS JOY.—Friend—"What does the doctor say?"

Patient—"Oh! he seems to be in great spirits because he has the fever nearly down to where it was when he started."

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HE KNEW, BUT COULDN'T TELL.

The teacher asked, "And what is space?"

The trembling student said: "Can not think at present, but have it in my head."

ACCORDING TO THE LOCATION.

"I'm sorry I stole the preserves, ma."

"Ah, your conscience is troubling you, is it?"

"I don't know, exactly. Where is my conscience, ma?"

FORBIDDEN FRUIT.

The better a pie tastes, the worse it is for you.

NOT SO FATAL.

Googooly—"Try one of these cigarettes. I think they're better than yours."

Boohooly—"You do! In what way?"

Goohooly—"They kill slower."

HE WILL SUCCEED.

The stern parent—"And what means of support have you, sir?"

The prospective son-in-law—"It is generally admitted, sir, that I have the finest pair of bicycle legs in the country."

Little Johnny Squanch—"What is your papa's business?"

Little Clarence Pensmith—"My papa is a poet."

Little Johnuy Squanch—"Huh! That ain't a business—it is a disease."

"What are you looking so dolefully about?" said Sammy to Tommy.

"Mamma's going to speak to papa when he comes home about something I did to-day."

"I see. Well, what will you give me to take your thrashing off of your hands?"

"But that is not where I usually get my thrashings."

JOHNNIE'S COMPLAINT.

Friend of the family—"Johnnie, I suppose you are delighted with the new little brother at your house?"

Johnnie—"New nuthin'. He's second-hand. The doctor brought him, and there's no tellin' how many families has had him before."

A SUCCESSFUL INVASION.

The young man had accompanied the colored young woman to the shoe store, where she desired to make a purchase.

"What number of shoes do you wear?" the salesman inquired.

She glanced at the young man apprehensively. He was so near that he could not fail to hear the answer. Then she said to the clerk:

"Dat soun's like er foolish question ter me."

"But it isn't, I assure you."

"Well, den, ef you gotter hab an answer, de number of shoes I wah is two, same ez anybody else. Did yoh fink I hab er wooden laig?"

THE TAILOR'S MISTAKE.

"John!" There were tears in her eyes as she spoke.

"Yes, my dear."

"I think it's just too mean for anything."

"What is it, Mary?"

With an effort she choked back a sob.

"My bloomers," she said.

"What about them?" he asked.

"I sent them to your tailor to be cleaned," she explained, "and—and —"

"Well, what did he do?"

"He—he—creased them."

And she tearfully held up a pair of creased bloomers for his inspection.

TEMPORARY RELIEF.

Doctor—"Are you troubled with cold feet?"

Fair Patient—"Not now. He's off on a business trip."



A DOCTOR'S DILEMMA.

BY CLIFFORD HALIFAX, M. D.

IHAD taken an interest in Fernal since he was a lad, and had watched his early medical career with pleasure. His brains were decidedly above the average, and he was in all respects a first-rate sort of fellow. As a medical student, he was fond of coming to me for advice, which I always gave frankly. Bye-and-bye, he secured the post of house physician at Guy's Hospital—his short career there was marked by much promise, and when the death of a relative enabled him to buy a share in a good practice, I told him that I regarded his future as secure. He married soon afterwards, and at his special request I was present at the wedding. After this event I saw much less of him, but his letters, which reached me once or twice a year, assured me that he was doing well and happily in every sense of the word.

I had not seen Fernal for nearly three years, when one day, towards the end of the winter of '93, he called at my house. I was out when he arrived, but when I opened my door with my latch-key, he came into the hall to greet me.

"Halloa!" I exclaimed, when I saw him. "How are you? What has brought you to town? I hope

you are well? How are the wife and child?"

"My wife is well," replied Fernal, "the baby died a month ago—oh, the usual thing—influenza."

He paused and looked at me full in the face—I glanced at him and almost uttered a shocked exclamation.

"We have had an awful visitation of the plague," he continued; "it is my belief that it has been worse at Westfield than in any other part of the country."

"You don't look too fit. Have you had an attack yourself?" I said.

"Yes, and I am overdone in every way. The fact is, I rushed up to town on purpose to consult you."

I gave him another quick glance. When last I saw him he was a handsome, well-set-up fellow, full of muscle and vigour, with the Englishman's indomitable pluck written all over him; now he looked like a man who had undergone a sort of collapse. He had contracted a slight stoop between his shoulders, his abundant black hair was slightly streaked with grey, his eyes were sunken and suspiciously bright, there were heavy black lines under them, and his cheeks were hollow.

"I shall be all right presently," he said, with a laugh. "Will you have

the goodness to overhaul me, Halifax, and put me into the way of getting back to my old tone? Can I speak to you—can you devote a little of your time to me?”

“All the time you require,” I answered heartily: “You have arrived just at a convenient moment; I have come back to dinner, and don’t mean to see any more patients before nine or ten o’clock to-night. I have several hours, therefore, at your disposal; but before we touch upon medical subjects, you must have dinner.”

As I spoke I ushered Fernal into my dining-room, and ringing a bell, ordered Harris to lay places for two. Dinner was served almost immediately, but I noticed to my dismay that my guest only played with his food. He drank off several glasses of good wine, however, and the fact was soon discernible in his increased animation.

“Come into the study and have a smoke,” I said, when the meal had come to an end.

He rose at once and followed me. We drew up our chairs in front of a cheerful fire, and for a time smoked our pipes in silence. It needed but a brief glance to tell me that Fernal was completely broken down—I should never have recognized him for the bright, energetic fellow whose happy wedding I had attended three years back. I waited now for him to begin his confidence—he did not say a word until he had finished his first pipe, then he sprang to his feet and stood facing me.

“I can’t attempt to describe what a time we have had,” he said abruptly—“that awful influenza has raged all over the place. The more I see of that insidious, treacherous complaint, the more I dread it. It is my firm conviction that influenza has caused more deaths and wrecked more lives than the cholera ever did. You have seen Russell, my partner—

well, he and I have been worked off our feet; I can’t tell you what domestic tragedies we have been through.”

“Well, you have not come up to town simply to tell me about them?” I interrupted, abruptly.

“Of course not; I daresay you can record just as dismal a tale.”

“Worse, if possible,” I replied, “but now to turn to yourself; you say you have been attacked by the enemy?”

“Yes—worse luck—it was after the child’s death. She was a bright, healthy little soul, eighteen months old. Perhaps you don’t know what a first child is in a house, Halifax?—my wife and I simply lived for the little one. Well, she succumbed to the malady in a day or two. Poor Ingrid broke down completely—she did not have influenza, but her strength gave way. She lost appetite and sleep. Nothing roused her but my unexpected illness. I suppose one does feel surprised when a doctor knocks up. Yes, I was down with the complaint, and had a short, sharp attack. I was up and about again in no time. I thought myself all right, but—”

“You acted very unwisely in going about so soon,” I replied; “you are not fit for work yet.”

“Is it as bad as that? Do I show that things are amiss so plainly?”

“Any doctor can see that you are not the thing,” I answered. “You are broken down—your nerve has gone; you want rest. Go home to-night, or, better still, wait until the morning, and then take the first train to Westfield. See Russell, and tell him plainly that you must have a month off work. I can send him down a substitute, if you commission me to do so. Get away, my dear fellow, without delay. Take your wife with you—the change will do her as much good as it will you. Go somewhere on the Continent. Have

complete rest in fresh surroundings, and you will be a different man when you return."

"God knows I need to be different," said Fernald. "At the present moment I don't recognize myself."

Here he hesitated, paused and looked away.

"The fact is," he continued, suddenly, "I have not yet told you the true reason which brought me to consult you."

"Well, out with it, old man," I said, encouragingly.

He tried to give me a steady glance, but his eyes quickly fell.

"The fact is this," he said abruptly, and rising as he spoke: "the influenza has left an extraordinary sequel behind. I have an inexpressible dread over me. By no means in my power can I drive it away."

"Sit down and keep calm," I said; "tell me your fears as fully as possible."

Fernald sat down at my bidding. After a pause he began to speak.

"You know," he said, "what an uphill thing an ordinary doctor's career is. I thought I had done a very good thing when I bought a share of Russell's practice. I found, however, that it was nothing like as large as I had been given to suppose. I did all that man could do to increase it—I have been popular as a doctor, and fresh patients now come daily to consult me. In short, I am likely to do well, and if only I can keep my health, to make a fair provision for my wife."

"Why should you not keep your health?" I asked.

"That is just the point," he replied; "at the present moment, for practical, useful purposes my health is gone—my nerve has deserted me."

"You must be more explicit," I said. "What is up?"

"I dread making a fearful professional mistake, and so ruining my prospects as a medical man."

"What do you mean?"

"I will try and explain myself. Since I have had influenza I have been subject to brief but extraordinary lapses of memory. You know we dispense our own medicines. Well, this is the sort of thing that happens almost daily: I see a patient—I diagnose his case with my usual care. I then go to the dispensary to prepare the right medicine for him—I take up a bottle, as likely as not of strong poison, and find that the whole case has vanished from my mind; I do not in the least know what I am holding the bottle for, nor why I am in the dispensary; my patient and his case, the diagnosis I have made, the medicine I want to make up, become a total blank to me. After a lapse of several minutes my memory returns; but this state of things comes on oftener and oftener, and the fear of it has made me thoroughly nervous and unfit for work. You see yourself, Halifax, that grave consequences may arise from such a peculiar state of nerves as mine. I may, during a lapse of memory, put something into the medicine which may kill my patient. My terror on this point at times almost reaches mania—I am nearly beside myself."

"Does your memory desert you at any other time?" I asked.

"Yes, but the curious thing is that it only fails me in connection with my profession. When I am alone with my wife I feel at comparative ease, and almost like my usual self; but when I am driving to see patients I often completely forget my most important visits. I neglect the patients whose lives are in danger, and visit those who have comparatively little the matter with them. Of late I have given my coachman a list of all the patients whom I wish to see. He takes me to the right houses, but when I see the patient I forget the complaint under which he is labouring. Only yesterday I encountered the rage of a man who

was suffering from an acute attack of double pneumonia, by asking him if his rheumatic pains were better. Of course, this state of things can't go on. Don't tell me that all my fears are fanciful. I have studied diseases of the brain, and know that my case is a serious one."

"It is serious, but temporary," I answered. "You have just been down with the complaint which leaves the most extraordinary sequelæ behind—a complaint which none of us with all our study have yet fully guaged. You are tired out, mind and body—you want rest. You must not attempt to make up your own medicines at present. I can't hide the truth from you; if you do, the consequences may be serious. You must get away at once, Fernal. I told you a moment ago that I can get a good man to take your work for a month or even two months, if necessary; if you like, I will write to Russell on the subject to-night. He will, of course, see the necessity of your leaving."

Fernal did not reply at all for a minute. After a pause he said:

"I suffer from other symptoms of a distressing character. I am possessed by that very ordinary delusion of the insane—that I am followed. I walked to this house to-night, and, in spite of all my efforts to assure myself to the contrary, I could not resist the suspicion that someone tracked me from the station to this house. The only thing that comforts me is that we have no insanity in our family. I cling to that fact as a drowning man dees to a spar."

"You are not insane," I replied, but you will be if you don't take a rest. All your present most distressing symptoms will disappear if you take my advice. You had better not return to Staffordshire. You are welcome to make my home your head-quarters until you have arranged matters with Russell. Meanwhile, telegraph to your wife

to join you here—get away to the Continent before the end of the week. I promise you that long before the summer you will have returned to work like a giant refreshed."

Fernal heaved a heavy sigh. After a time he rose from his chair and leant against the mantelpiece.

"I suppose there is nothing in it but to take your advice," he said.

"You will not repent it," I answered.

"Shall I write to Russell for you, to-night?"

"Better wait until the morning," he replied. "I will sleep over all you have said and give you my final decision then."

"Well, I must leave you now," I replied. "I have promised to look in on one or two patients this evening; we shall meet at breakfast."

The next morning I was down early, and entered my breakfast-room before eight o'clock. I noticed that a place was only laid for one. "How is this, Harris?" I said to my servant. "Have you forgotten that Dr. Fernal is in the house?"

Dr. Fernal left this morning, sir," replied Harris. "He came downstairs very early, and told me to tell you that you would find a note from him in your study. I inquired if he would like breakfast, but he said that he did not wish for anything. He was out of the house before half-past six, sir."

I hurried off to my study in some alarm. Fernal's note was on the mantelpiece. I tore it open; it ran as follows:—

"My dear Halifax—I regret to say that I find it impossible to remain in your house another hour. I spoke to you last night about what I believed at the time to be a delusion, namely, that I was followed wherever I went. I now perceive that this is not a delusion, but a grim reality. Even in your house I am not safe. Last night two men entered my room—they watched me

from behind the curtains, and did not leave until daylight. I have risen early, and am leaving London without delay. My fear is that I have already made some extraordinary mistake in my dispensary, and have, perhaps, during my queer lapses of memory, given medicine which has deprived a fellow-creature of life. In this way I have undoubtedly laid myself open to the punishment of the law. The men who came into my room were policemen. You will understand that I can't stay longer in London.—Yours,

“ARTHUR FEVERAL.”

The moment I read this extraordinary letter I put my hat on and went out of the house. I went to the nearest telegraph office and sent the following message to Mrs. Feveral:—

“Your husband called on me last night—he was not well; he left suddenly this morning, giving no address. If you have no clue to his whereabouts, come and see me at once.”

To my surprise, no reply came to this telegram for several hours. In the evening I found a yellow envelope lying on the slab in my hall. It was from Mrs. Feveral—it ran as follows:—

“Thanks you for telegram—no cause for uneasiness. Arthur returned this morning, looking better and cheerful. He is busy in the dispensary now—I have not shown him your telegram.

—INGRID FEVERAL.

“This is not the last of what may turn out to be a bad business,” I could not help saying to myself.

The next event in my friend's queer story scarcely surprised me. Within forty-eight hours after his sudden departure, Mrs. Feveral called to see me. I was just going out when she drove up to my door in a hansom cab. I had last seen her as a bride—she was now in deep mournig. She was a remarkably handsome young

woman, with an extraordinary fairness of complexion which one seldom sees in an English girl. It suddenly flashed through my memory that Feveral had married a young girl of Norwegian origin. This fact accounted for the whiteness of her skin, her bright blue eyes, and golden hair. She stepped lightly out of the hansom, and, seeing me, ran up the steps to meet me.

“Thank God you are not out,” she exclaimed, “I am in great trouble. Can I see you immediately?”

“Certainly,” I answered, leading the way to my study as I spoke. “How is your husband, Mrs. Feveral? I hope you are not bringing me bad news of him?”

“I am,” she replied. She pressed her hand suddenly to her heart. “I am not going to break down,” she continued, giving me an eager sort of pathetic glance which showed me a glimpse into her brave spirit. “I mean to rescue him if a man can be rescued,” she continued. “No one can help me if you can't. Will you help me? You have always been my husband's greatest friend. He has thought more of your opinion than that of any other man living. Will you show yourself friendly at this juncture?”

“Need you ask?” I replied. “Here is a chair—sit down and tell me everything.”

She did what I told her. When she began to speak she clasped her hands tightly together. I saw by her attitude that she was making a strong effort to control herself.

“I asked my husband to visit you a few days ago,” she began. “He had spoken of some of his symptoms to me, and I begged of him to put his case into your hands. I hoped great things from your advice: Your telegram a couple of days ago naturally frightened me a good deal, but almost in the moment of reading it I received another from my husband, in which he asked me to expect him

by an early train, and told me he was better. He arrived; he looked cheerful and well. He said that he believed his grave symptoms had suddenly left him. Several patients were waiting to consult him; he went off at once to the dispensary. I felt quite happy about him and telegraphed you to that effect. In the evening he was wonderfully cheerful, and said he did not think it necessary to go to the expense of a change. He slept well that night, and in the morning told me that he felt quite well. He went out early to visit some patients and came home to breakfast; afterwards he spent some hours, as usual, in his dispensary. I had been very unhappy and depressed since the death of my child, but that morning I felt almost glad—it was so good to see Arthur like his usual self again. I was upstairs in my room—it was a little after twelve o'clock—when someone opened the door in great excitement. I looked up and saw Arthur—he almost staggered into the room—his hair was pushed wildly back from his forehead—he went as far as the mantelpiece and leant against it.

“What has happened?” I asked.

“He pulled at his collar as if it would choke him before he replied.

“‘I have just committed murder,’ he said—then he stared straight past me as if he did not see me.

“‘Oh, nonsense,’ I answered, ‘you can’t possibly know what you are saying.’

“‘It is true—I have taken a man’s life,’ he repeated. ‘I am ruined; it is all up with me. There is blood on my hands.’

“‘Sit down, dear, and try to tell me everything,’ I said to him.

“‘I went up to him, but he pushed me aside.

“‘Don’t,’ he said, ‘my hands are stained with blood. I am not fit even to touch you.’

“‘Well, at least tell me what has happened,’ I implored.

“After a time he grew calm, and I got him to speak more rationally.

“‘You know those awful lapses of memory,’ he began. ‘A young man—a stranger—came to consult me this morning. I diagnosed his case with my usual care, and then went to prepare some medicine for him. I went into the dispensary as usual. I felt quite well, and my intellect seemed to be particularly keen. I remember distinctly putting some ammonia and some salicin into a glass—then followed an awful blank. I found myself standing with a bottle in one hand, and a glass containing medicine in another—I did something with the bottle, but I can’t remember what. After another period, in which everything was once again a blank, I came to myself. I found myself then in the act of giving a bottle made up in paper, and sealed in the usual way, to my patient.’

“‘By the way,’ I said, ‘would you not like to take a dose at once? If so, I will fetch you a glass—even the first dose of this medicine will remove your troublesome symptoms almost immediately.’

“‘The man to whom I was speaking was a fine-looking young man of about three or four and twenty. He hesitated when I suggested that he should take a dose of medicine directly. After a pause, he said that he would prefer to take the medicine when he returned to his hotel. I shook hands with him, he paid me his fee, and then left the house. A moment later I returned to the dispensary. I there made the following awful discovery. In a moment of oblivion I had put strychnine instead of valerian into the medicine. The quantity of strychnine which I had used would kill anyone. I rushed from the house like a distracted person, hoping to be in time

to follow my patient. I made inquiries about him, but could not catch sight of him anywhere. Even one dose of that medicine will kill him. He will die of convulsions even after the first dose—in all probability he is dead now. Oh, what a madman I was to return to Staffordshire!

"I tried to comfort my husband, Dr. Halifax, but I soon found that my words had not the slightest effect upon him. I saw that he was not even listening to me—he crossed the room as I was speaking and, going to one of the windows, flung it open and leant half out. He began to look up and down the street, in the vain hope of seeing his unfortunate patient amongst the crowd.

"I shall never see him again, he is a dead man," he repeated. 'He is dead—his blood is on my head—we are ruined.'

"We must try and find him immediately," I said.

"Nonsense, we shall never find him," replied Arthur.

"As he spoke these words, he left the room. I paused to consider for a moment, then I went to consult Dr. Russell. My husband's partner is, as you know, an old man. He was terribly disturbed when I told him what had happened, and said that immediate steps should be taken to find the poor fellow who had been given the wrong medicine. He went out himself to inquire at the different hotels in the town. Meanwhile, I began to search for Arthur. I could not find him in the house. I asked the servants if they had seen him. No one knew anything about him—he had not gone out in his carriage. Dr. Russell presently returned to say that he could get no trace of the stranger. Almost at the same time a telegram was brought to me. I tore it open—it was from Arthur.

"Don't attempt to follow me," he said in it; 'it is best that we should never meet again: If I can I will

provide for your future, but we must never meet again.'

"There was no signature.

"That is the whole story," said Mrs. Fernal, standing as she spoke. "After receiving my husband's telegram, I went to his bank and found to my astonishment that he had drawn nearly all the money we possess. He took a thousand pounds away with him in notes and gold. That fact seems to point to the conclusion that he had no intention of committing suicide; but where has he gone—why did he want so much money? What did he mean by saying that he would provide for me? I know that he is not responsible for his actions—it is very unsafe for him to be alone. I thought the whole thing over, during last evening and during the long hours of the night, and resolved to come to you this morning. I must find my husband again, Dr. Halifax, and I want to know now if you can help me to search for him."

"I certainly will," I replied; "the story you have just told me is most disastrous. I warned Fernal the other day that he was in no fit state to dispense medicines at present. He did very wrong not to take my advice. Of course, I ought not to blame him, poor fellow, for he is not responsible for his own actions. Two duties now lie before us, Mrs. Fernal."

"Yes?" she replied, eagerly.

"We must first discover whether your husband has really caused the death of this man or not. After all he may only have imagined that he put strychnine into the medicine."

"No, no," she interrupted; "there is no hope of getting out of the terrible dilemma in that way: My husband used two glasses to mix his medicines—they were found in the dispensary unwashed. Dr. Russell, on examining one, found some drops of strychnine adhering to the bottom of the glass."

"Then that hope is over," I answered. "Well, we must only trust that something prevented your husband's victim from taking the medicine. Our first duty is to find that young man immediately; our second, to follow Fernal. Will you rest here for a few moments while I think over this strange case?"

I left the room, ordered Harris to bring the poor young wife some refreshment, and went off to my consultation-room to think over matters. I was busy, it is true, but I resolved to cast everything to the winds in the cause of my unhappy friend. I had known Fernal since he was a boy. I was not going to desert him now. I came back presently and told Mrs. Fernal that I had made arrangements which would enable me to devote my time for the present to her service.

"That is just what I should have expected," she replied. "I won't thank you in words—you know what I feel."

"I know that you are brave, and will help me instead of hindering me," I rejoined. "Will you accept my hospitality for to-night, Mrs. Fernal? My servants can, I think, make you comfortable. I mean to go to Staffordshire by the next train."

"Why so?"

"I must set inquiries on foot with regard to your husband's patient—I must find out his name and all possible particulars about him. I hope to be back in town with news for you early in the morning. In the meantime, will you hold yourself in readiness to accompany me the moment I get a clue as to Fernal's present whereabouts?"

"I will do exactly what you wish," she answered.

I saw that her lips quivered while she spoke, but I also perceived to my relief that she had no intention of breaking down. A few moments after, I found myself a hansom cab driving as fast as I could to Padding-

ton Station. I took the next train down to Staffordshire, and arrived at Westfield, the small country town where Fernal had his practice, about nine o'clock in the evening. I drove straight to Dr. Russell's house. He was in, and I was admitted immediately into his presence. The old doctor knew me slightly. When I appeared he came eagerly forward.

"I can guess what you have come about," he said: "that unhappy business in connection with poor Fernal. His wife told me that she was going to town to consult you. Of course, I am glad to see you, but I don't know that you can do anything."

"I mean to find the man if he is still alive," I rejoined.

"The whole case points to suicide, does it not?" replied Russell. "But sit down, won't you? Let us talk it over."

I removed my overcoat and sat down on the chair which Russell indicated.

"I don't believe in the suicide idea," I began. "If Fernal meant to commit suicide, he would not have drawn a thousand pounds out of his bank. He is undoubtedly at the present moment suffering from a degree of mania, but it does not point in that direction. I want, if possible, to get a clue to his whereabouts; and, what is even far more important, to find out if the strychnine which, in a moment of oblivion, he put into his patient's medicine, has really led to a fatal result."

"That I can't tell," replied Russell. The young man who came to consult Fernal yesterday morning appears to be a stranger in Westfield. Just after Mrs. Fernal left for town, I succeeded in tracing him to a commercial hotel of the name of Perry's in a back part of the town. The waiter there tells me that he looked ill when he entered the house—he observed that he carried a bottle of medicine wrapped up in paper in his hand.

To be Continued.

The Cincinnati Medical Journal.

Address all Communications to the Editor, Court and Broadway, Cincinnati, O.

Vol. XI.

AUGUST, 1896.

No. 8.

Editorial.

There is One of the leading retail druggists of Ohio
No Other Way told me, the other day, that doctors, as a class,
Out of It. were slower about paying their bills, and more
indifferent in regard to them than any other
customers. It may have been my plain duty to have knocked
such a slanderer down. I did not, however, but asked him,
instead, how he accounted for the fact. He said that there were
so many manufacturers of every kind, from the compounder of
pharmaceutical products to the maker of bath-tubs, who were
striving to get the endorsement of the physician to advance the
sale of his goods with the people, forcing their wares on the
doctor, gratis, that many doctors have come to feel that every-
thing they get must come in the same easy way.

My friend was probably offended at a few poor business doc-
tors whom he could have counted on the ends of his fingers, and
his wholesale arraignment of the profession was, of course, as
unfair as it could well be. I believe I settle my bills as
promptly and cheerfully as any man living, and I know hundreds
of JOURNAL readers who do likewise. At the same time I know
four or five hundred others, whom the words of my friend
describe exactly so far as my experience with them and their
subscription accounts go, and I have been wondering if these
doctors were under the delusion that this JOURNAL was being
sent them free. If there are any such, I want the misapprehen-
sion to go no further.

Don't imagine because there are periodicals in St. Louis and
Chicago, with axes to grind, that are sent you year in and year
out, with never a hint of a settlement, that Cincinnati has any
such. The CINCINNATI MEDICAL JOURNAL is not sent to a single

man from whom we do not expect a *quid pro quo*, and whose name is not entered on our books, and with whom an account is not kept. In due time a fair settlement will be asked, demanded, insisted upon, as the claim is a legal one. Those who do not wish to meet a larger obligation, will do well to pay their dues at once, that we may square their accounts. There is no other way out of it.

Book Reviews.

American Year-Book of Medicine and Surgery, edited by George M. Gould M. D. 8 mo. pp. 1200. Philadelphia, W. B. Saunders, 1896. Price, cloth, \$6.50; half-morocco, \$7.50 net.

This work is the most satisfactory of its kind that has been given the general practitioner. It contains a review of every significant fact brought out during the past year, avoiding the attempt at producing a literary review of all published matter. The aim, as stated in the opening lines of the preface, "to give physicians in a compact form an annual epitome of the new and progressive medical truths or suggestions published during the months of the preceding year, from July to June, inclusive," has been fully carried out in a most complete and acceptable manner. The following comprise the staff: J. M. Baldy, M. D., C. H. Burnet, M. D., Archibald Church, M. D., C. F. Clarke, M. D., J. Chalmers DaCosta, M. D., W. A. N. Dorland, M. D., V. P. Gibney, M. D., Homer W. Gibney, M. D., Henry A. Griffin, M. D., John Guiteras, M. D., C. A. Hamann, M. D., H. F. Hansell, M. D., W. A. Hardaway, M. D., T. M. Hardie, B. A., M. D., C. F. Hersman, M. D., B. C. Hirst, M. D., E. Fletcher Ingals, M. D., W. W. Keen, M. D., H. Leffman, M. D., V. H. Norrie, M. D., H. J. Patrick, M. D., Wm. Pepper, M. D., D. Riesman, M. D., Louis Starr, M. D., Alfred Stengel, M. D., G. N. Stewart, M. D., Thompson S. Wescott, M. D.

Infantile Mortality During Childbirth and its Prevention, by A. Brothers, B S., M. D., visiting gynecologist to Beth Israel Hospital, New York, etc., etc. 8mo. pp. 180. Price, cloth, \$1.50. Philadelphia, P. Blakeston, Son & Co., 1896.

This is the William Furness Jenks prize essay of the College of Physicians of Philadelphia, which is sufficient assurance of its literary and scientific merit. The work contains a large number of valuable statistics, and presents a bird's-eye view of the entire subject of Cesarean section, symphysectomy, and all matters pertaining to the interests of the unborn child without attempting to dive down into the minutae of text-book detail.

DR. BRODNAX'S QUERY CORNER

Questions are Welcomed from Doctors Everywhere.

PROFESSIONAL ABORTIONISTS. — I have before me two letters in which reputable physicians complain as follows: "I know of no less than a dozen women, some of them moving in the best society and church affairs, who have been supplied by an unscrupulous practitioner here with a bougie with wire inside to give it the necessary form. They are instructed how to use it to produce an abortion." Another says: "I find in the clots the little pieces of sponge, which have served the purpose of producing miscarriage, by being introduced through a catheter inside a pregnant womb."

In the July JOURNAL I see "A doctor's observations in courts," wherein a physician narrowly escaped hanging for producing abortion and death. Is there no remedy for these dastardly acts? Is a doctor to be arrested and put to heavy costs to defend himself against professional abortionists and their devilish trade? It seems to me it is time that our societies should devise some means to punish the offenders and protect conscientious physicians against heavy loss.

There is in almost every community some old hag, who plies her trade, and to my knowledge, several cases of death can be traced to them. Lynch law should take the place where the common law cannot take hold of such cases. While I am not an advocate for Tynch law, I cannot but think that often the *protections* which the common law throws around criminals who go unhung, are by far too great. A little wholesome neck stretching would be very salutary in such cases.—Ben. H. Brodnax.

"OIL OF WINTERGREEN AND RHEUMATISM."—"An English surgeon claims to have relieved ninety-eight patients out of one hundred in cases of rheumatism by making a liniment of equal parts of wintergreen and olive oil. He applies it to the part, keeping it covered with oiled silk and flannel. He says the pain is relieved in from four to six hours. We advise anyone who is afflicted with rheumatism, to give this remedy a trial. We feel that it will be efficacious."

I clip the above from the "*Public Health Journal*," of May 9th. The treatment is by no means a new one, but is none the less good. During the revolutionary war, a venerable lady, who was a young girl at that time, informed me that "the scalded leaves of the plant was used as poultices to rheumatic pains, and the tea from same, used to cure it." Acting on the hint, I have for years, (forty of them) used the oil of wintergreen and lard as an application to swollen joints, and also in capsules by mouth for relief of pain. A case which I had off and on, of a chronic rheumatic, I prescribed it in five drops every two hours in capsule, with relief from pain in a very few hours. He told me, the first time I was called in, he could not take salicylic acid or salicylate of soda, but the oil was tolerated, and was his every resort afterwards. It is well worth a trial.—Brodnax.

AUSTIN FLINT, M. D., ON DIABETES IN CHILDREN.—It may be interesting to many and also a consolation to some, to read the following reply to a letter from Dr. J. J. Caldwell.

New York, Nov. 22, 1895.

DR. J. J. CALDWELL.

Dear Doctor:—I do not know that I have anything to say on the subject of your favor, of the 18th inst., except that diabetes in children is very rare, but very much more fatal than in the adult. I have seen but a few cases, and in all of them an unfavorable prognosis was very soon verified. Yours sincerely,

Austin Flint.

60 E. 34th St., New York City.

This seems to settle the matter as to any treatment being of any effect. Will we ever know the cause of the disease?—Brodnax.

THE CASE OF "SWEET TASTE TO EVERYTHING EATEN."

Baltimore, Md., May 30, 1896.

DR. BRODNAX:—*In re* of the very interesting case of "sweet taste of everything eaten," dropsy of abdomen and limbs, with sense of impending danger, loss of appetite, etc., all are in my opinion but symptoms due to functional or permanent disease of the liver, portal circulation, or peritoneum. If so, the labored heart in an effort to compensate for the obstructed circulation. The sweet taste, obstinate constipation-neurosis of sympathetic system, causing a transfusion of serum and water,

The good results of the doctor's treatment, viz., diuretics, laxatives and tonics, extra nourishment, etc., also proves the diagnosis, a critical examination, chemical and microscopical of the urine and other excreta, blood, saliva, and sweat, also the pelvic organs, temperature and pulse. All these would avail much as to a positive diagnosis. The history so far strongly indicates organic implication. An intelligent scientific research requires full data of every particular.

Fraternally yours,

J. J. Caldwell, M. D.

I forwarded Dr. Caldwell's letter to Dr. G. and affixed his comments. It is certainly an interesting case, and might show some light could the cause be elucidated in the excretion of sugar via kidneys in diabetes melitis.—Brodnax.

Dear Doctor:—While I think his views are in the main correct, yet he gives no explanation of the sweet taste. The other day my wife had a squab nicely broiled, but she was unable to eat it on account, as she said of "that miserable sweet taste." My theory is that the liver does not perform the glycogenic function, and the sugar of the system is not carried off, and hence the sweet taste. I shall make an examination of the urine to see if it contains sugar.

When she was first taken sick, I examined the urine to see if there was any albumin, but I found none.

I shall as Dr. Caldwell suggests, make a chemical and microscopical examination of all the fluids, and will report accordingly. My wife continues to eat peaches, something she has not been able to do for years. She is now taking muriatic acid, also phosphate lime and soda, and the tablets of pepenzyme. Occasionally she calls for a dose of digitalis and extract kola, for the purpose of quieting inordinate action of the heart.

Very truly yours, "G."

CORNS AND WARTS.—WHAT WILL CURE.—*Editor Query Corner:*—I would like to know what it is that these fellows, calling themselves *chiroprodists*, apply to *corns*, and in a few minutes lift them out while the patient looks on and declares there is no pain. Would also like to have a remedy that will remove warts. Have tried many that is claimed to do it, but the results were not satisfactory.—Progressive.

Answer.—I believe the material used is a concentrated (saturated)

solution of cocaine in alcohol six parts, oil one part. It is a powerful local anæsthetic, and skill and knives do the rest. I have seen them apply the solution two or three times during the removal of a large corn. By the way, doctor, unlike the appendix and ovaries, these little torments seem to be looked upon as *very* minor surgery, till the "chiro" who has made it a study of many years, shows us where skilled use of a sharp knife comes in as an art. How many graduates can give the reason why a corn hurts and a calous does not? A friend sends me the following "corn salve," (after taking me to task for *buying* a box of "corn salve.")

R Acid salicylic 36 grains.
Ext. cannabis indica . . . 5 "
Cocaine hydrochlorate . . . 4 "
Ung. simplex 4 drachms.

M. Make into an ointment and apply, covering with a thin cotton bandage.

It will also remove warts. I have seldom failed with the following: nitric acid, a drop applied to the crown of the wart, cover with a little absorbent cotton and a cot or rag. The wart can be picked off next day—reapply the acid and cotton. Castor oil applied and a rag for some days are said to remove them. Put acid only *on* the wart. I have *failed* with epsom salts internally—blue stone and nit. silver topically every time. The removal of the wart with a knife, and cauterizing also fails in my hands.—Brodnax.

"CONGESTIVE CHILLS." — How TREATED IN MISSOURI.

Butler, Mo., June 23, 1896.

Dear Dr. Brodnax:—I think you must have congestive chills in your country, so if you have no better plan than mine, try it some time. After using calomel and other means to open the bowels, I have the patient then put into a hot bath and let him stay for a half or whole

hour, take him out and wipe dry and put to bed; it cures.

I had a case last year of a man; put him into a barrel of hot water, as hot as he could stand, up to his chin. Kept him there for an hour till he looked like he was going to sleep, and wanted to take him out." "No! no! let me alone, I'm doing splendid," he said. He staid in for a half hour longer. Put him to bed and, with keeping of the chills, he was in his store in a week.

Yours,

I. C. Heath, M. D.

"DERMATITIS VENENATA."—Dr. R. L. Patterson, of Coyville, Kansas, sends to Dr. Britton and others who may have ivy poisoning cases.

Glyco-Phenique, ("Declat"), 4 ounces.

Olive oil 4 "

Mix and keep constantly applied to the parts.

"THAT SWEET TASTE IN EVERYTHING."—I am trying to get at the bottom of the morbid nervous trouble in "the sweet taste to everything," and send herewith Dr. Abbott's (of the alkaloid clinic) opinion.

"It is a well-known physiological fact that the nerves of taste respond to certain stimulants that give the impressions of the different flavors that we call taste, and it seems in this case that from some abnormal condition of the terminal filaments, every impression stimulates or carries that of sweetness. This condition is undoubtedly due to central degeneration, and will probably never be cured. The only treatment that can be expected to be of help is a general building up of the whole nervous system."

Dr. W. H. Burgess, of Chattanooga, Tenn., says:

"We have three cases similar to the one you report. Mrs. J. R., a near neighbor, had been dyspeptic for several months. I treated her

with strychnia, etc., etc., for weak heart. She seemed to get well, but in a few weeks diarrhea set in, and Dr. Gebbs put her on the milk and lean meat diet, and treated her for diabetes as well. She had that "sweet taste" you speak of, even pickels tasted sweet. She improved from the start. Three or four weeks' treatment cured her."

He reports another case same kind and in same way. A third case, complicated with tuberculosis, did not recover.

Dr. Caldwell has promised as soon as he can get a report on the case of more particulars, to give us his ideas. From Dr. Burgess' remarks, the trouble is not as rare as I thought, and some suggestions from others might be interesting and useful.—Brodnax.

"**THAT SWEET TASTE.**"—A letter from the doctor of date of June 27th, after giving a description of an attack of fever, *et al.*, that she had up to date recovered from, goes on to say: "After all signs of fever were gone, I put her on 1-17-grain tablets of arsenate strychnia three times daily, and a dose at night and every morning of 'Robbin's glycerophosphate colceum and potass.' She was gaining slowly in strength and appetite. All at once the sweet taste began to grow less, and some increased desire for food, all this very gradual. The sweet taste is now almost gone; she occasionally has it in slight degree. So also the flashes of light, although this last symptom is almost gone. Six years ago, about eight or ten months after she was first taken, and when she was troubled with dropsy, she lost all desire for syrup. Before that it had been a principle part of her diet on bread and cakes. Now after six years, the desire for syrup has come back, and she eats it with a relish. She is gaining strength and takes no more digitalis, kola or wine. Does not seem to have any

desire for them. Her pulse, before the last attack of fever, was all the time 110 and variable, still higher during fever. Since then it has gone down to 60, remaining at that nearly all the time. During sleep it will fall to 49, causing no alarm, but wonder on my part. I might have had some alarms, but she seemed so quiet, calm, and self-possessed. Her pulse for the last ten or twelve days is always about sixty beats.

Somehow during these long years, I have looked for a critical time to come when a change would take place. I have a hope now she is getting well. God knows, I cannot tell."

I know my brethren who have followed out the symptoms, will say "Amen" to the prayer of the good old doctor, now in his sixty-eighth year. "So mote it be."—Brodnax.

IS IT NEPHRITIS?

Cashville, S. C., June 18, 1896.

DR. BEN. H. BRODNAX:—I have a case, that of a man of thirty years, married, has six children. Has been loosing flesh for some time, though his appetite is good. He suffers from pain in the lumbar region, but his greatest trouble seems to be after retiring at night. There is dyspnea with an oppressive sensation about the heart. Pulse is normal. After remaining in bed for half an hour, his lower bowels become affected in like manner. Then his kidneys begin to act very freely, and he will pass a quart of water before he returns to bed and without any relief of the symptoms of a desire to pass water. He often has to empty the bladder three or four times in rapid succession before he can get any rest. Urine is clear as spring water, and turns blue litmus paper red. Bowels are regular. Is this a case of diabetes? Please give treatment for same.

Dr. George R. Jones.

Answer.—Doctor, I think you have a case of nephritis, and would

recommend benzoic acid in full doses, Sanmetto, "Tritica" (Searle & Hereth, Chicago, Ill.) The first will render the urine less acid, I think. Turpentine is not to be despised in such cases, and carbolic acid pushed to tolerance, commencing two drops four times daily. Increase to three or four more till the urine shows effects. You do not seem to have tested the urine for albumin, sugar or other combination. The alcohol test for albumin is a good one. Freleigh's for sugar. Trystrychnia, arsenic and iron, (Alkaloidal Granule Co.)—Brodnax.

Adairville, Ky., June 15, 1896.

Reply.—Dear Doctor:—I have only time to write you a card in response to your query in JOURNAL of June in regards to urines, (what about sediments in urine), etc. I think you will get more practical information about the diseased conditions resulting in abnormal urine, as well as the best treatment for same in "*Auto-intoxication in Disease*," by Bonchard, translated by Oliver, and published by "The F. A. Davis Co.," Philadelphia. Price, \$1.25, I believe. One of the most useful books of the country. Yours,

D. G. Simmons.

The above is sent, thinking the information may be of importance to other brethren, who, like myself, may not be near enough to specialists to have urine tested chemically and by microscope. I am satisfied that a study of the excreta of the body is at least one of the modes of finding out some of the causes of some of the diseases which baffle the best of us. Dr. Simmons is in a position to know whereof he speaks.—Brodnax.

CORRECTION.—The first article in Query Corner of July was by mistake *not credited* to J. A. White, M. D., as should have been done. Editor's fault, to.

"SOME GOOD FORMULA."—Bro. S. H. Cowden, of Morrellton, Ark., sends the following for menorrhagia and kindred troubles.

Sulphate berberiaexx. gr.
Sacchar alba3iss.

Make twelve powders. One to be given when the flow is free, or if not free in three or four days after menses have appeared. Repeat in four or eight hours according to indications. The effect is to remedy or regulate the profuse flow.

For malarial hæmaturia:

Strychnine1-50 gr.
Morphine sulph½ gr.
Water10 to 15 drops.

Use hypodermically every three or four hours.

Dr. W. Johnson, of Detroit, recommends for the "Sweet taste to everything," gymnemic acid from *gymnema sylvestris*, it having the property of benumbing the sense of taste to bitter and sweet medicines. As a temporary help this would answer, but in cases of perverted nerve function as a permanent good, seems to me inadequate.—Brodnax.

NURSE'S SORE MOUTH AND SORE EYES.—Dr. E. H. Bowling, Luster, N. C., writes: "Doctor, have you ever used "Listerine" in nurse's sore mouth? It is a specific in my hands, and so far as I know the use of it in this trouble is original with me.

In your next case of scrofulous (phlyctenula) sore eyes, use yellow oxide of mercury two to five grains, lard one ounce. Put a small piece of this in the eye. It is the best thing I have ever used, and is different from treatment recommended some time ago by you in one of the medical journals.

Reply and Adenda.—Several years ago a distinguished specialist, in an article on "Purulent sore eyes," remarked: "The yellow oxide of mercury, two to three grains to ounce of lard, or lanoline, is a sovereign remedy, and any proprietary

remedy company who would put the article on the market, would make a fortune on it in five years. I have used it very often, and always with good effect.--Brodnax.

COUNTRY SURGERY IS NO SURGERY.—We have heard it stated of the late Dr. Agnew, that his giving up country practice and coming to Philadelphia was largely determined by a case of strangulated hernia seen in consultation with his professional neighbors. He wished to operate, his colleagues opposed to it, and the patient was permitted to die under "expectant" treatment. Dr. Agnew was not a man to be easily discouraged or turned aside, and doubtless it was not the single incident, but what the incident revealed of the conditions of surgical practice in a country district that influenced him.

It must be confessed that to a large extent, the conditions that hampered the country surgeon more than a half a century ago are operative to-day, and, for this reason, so far as major operations and the conditions demanding them are concerned, "country surgery" means no surgery.—*Philadelphia Polyclinic.*

The above is certainly misleading and does a great injustice to a most heroic class of our profession. It may be true that the country surgeon is not so situated that he can cut a patient open to see what the matter is, nor is he thoroughly equipped for orthopedic surgery, but for true surgery there is always one country surgeon in reach able and willing to give relief in cases of this kind. The assertion that "country surgery means no surgery" will not hold. The country surgeon could do a great deal more than he does if he spent as much time bragging about his work before medical societies as some other surgeons of whom we have heard. True, that the city surgeon has many advantages which the surgeon in the

country is deprived. This allows the former to do the nicest and quickest work, and in rare cases work that can not be done elsewhere. However we cannot help but admire the man who has the courage to operate with only one or two assistants instead of being surrounded and upheld by half dozen or more skillful surgeons.—*Editor in Medical Progress.*

Allow me to add.—If good surgery means good, true, handsome, honest work, a good recovery and no bad sequela, I am satisfied right here in the seventh ward of Morehouse Parish, Louisiana, as fine surgical work, from an appendicitis, (a "capital" operation now for the doctor) to cutting off of a toe, can be shown as in any hospital in any city in the union. I have assisted in work done here that would be a "feather in the cap" of any specialist in any city, and *think* I know whereof I speak. The day is past for putting the country surgeon in the sub list. McDowell, Sims, Long, and even Agnew were country surgeons, and I am satisfied the "stock has not run out." It is getting to be the style in our section to carry our surgical cases to the best man and help him do the work, thus having in every community one well equipped surgeon who loves his work, and takes pride in it. Also, coming from a journal published in a center of medical schools. It would seem rather like a slur on the character of the teaching given these so-called "country surgeons." If so poor, why are not better ones turned out, and if none better *can* be turned out, whose fault?—Brodnax.

IN RE.—"SOME DOTS" IN JUNE JOURNAL.—Those interested in the matter will find in the June issue, page 834 of the *Charlotte Medical Journal*, an article on "Ammonol," the drug recommended by Dr. Cyrus Edson in the treatment of

malarial fever. It seems that Ammonol is a secret medicinal mixture advertised in the *Journal of American Medical Association*, and after several trials and experiments, towards gaining a knowledge of the components, Dr. Eccles found its composition to be,

Acetanelid 1 parts.
Soda bicarb. 3 parts.
Ammonium bicarb. 1½ parts.

Practically this is, according to Dr. Edson's prescription (five to fifteen grains as to age), about as follows:

Minimum dose of acetanelid, 3 grs.
Maximum " " " 10 grs.

The dose is larger than is recommended in my treatment, by one-half. It will be seen that the article (Ammonol) is a *mixture* of several old articles, and not a new chemical at all. Nevertheless the base of it is all right, and the other portions are not out of place. The principle, however, is the same as the acetanelid, a coal tar *sedative*, is the thing depended on for the prevention of the chill.—Ben. H. Brodnax.

EXPERT TESTIMONY, PAGE 402, JULY JOURNAL.—*Dear Doctor*:—We, in this neck of woods, sometimes have a sensation that might be called a smile on reading some of the memoranda of expert testimony which are found in medical journals. See on page 402 of the JOURNAL, a medical examiner, an ex-medical examiner, and a professor, all of whom were experts, testified that death resulted from entrance of air following an attempt at instrumental abortion, and that death must have been almost instantaneous.

Now there lies before me a letter from a doctor of large practice, who says: "I have within a year had several (eight or ten) cases of uterine hemorrhage plainly following attempts at abortion. They are supplied by an unscrupulous practitioner with a silk catheter, with wire inside, and instructed

how to use it to produce abortion." None of his cases have died. In my own practice I have had several cases to attend of same kind, none of them died, and I am of opinion death is very seldom the result of entrance of air following instrumental abortion. It may be that in the south the exception is the rule, but my friend lives in a northern state, and his experience is the same as mine.

Has it come to the top at last, that expert testimony in court is paid testimony to convict, or acquit, as to the side on which the expert testifies? Will men in position, like those mentioned, for money testify to anything for which money is paid? I can't believe it, yet when a plain matter of fact known to every doctor (backwoods doctor) that air in the womb, in the bladder, in the intestines, is not necessarily fatal, is sworn to by experts; this backwoods becomes impressed (or oppressed). Cannot we have *learned* experts who shall view the case and facts, and give a written opinion for which they shall be paid by the state, or county, and which shall be law for both sides in the trial. Expert has gotten to be somewhat of a term of ridicule, and a reproach to the doctor. In the case mentioned, the womb may have been lacerated, and shock produce death. But the cause assigned, "air," seems "too thin," and not the substantial facts.—Brodnax.

BORALIDE IN "DERMATITIS VENERATA."

Lombard, Ill., May 16, 1896.

DR. BEN. H. BRODNAX.

Dear Doctor:—I send you herewith my book, "Secret Nostrums and Systems," which I hope, you will accept with my compliments. I have profited very much by your hints regarding acetanilid and boric acid powder and want to express my gratitude in some way. Besides

its use in eczema, I have found it very useful in dermatitis venenata.

Yours with regard,

Chas. W. Oleson, M. D.

Comment.—Book received. It is certainly a curiosity and shows an immense amount of labor in compilation. It is also useful to the doctor as enabling him to answer questions as to components of patent medicines, etc. Thanks for same.

Won't Brother S. H. Britton, Adelade, Ohio, try, on Dr. Oleson's recommendation, the boralide powder as noted in reply to him, in No. 5, page 320, of JOURNAL?—Brodnax.

DR. BRODNAX ASKS A FEW.—ONYCHOPHAGIA AND OTHER THINGS.

I Take it for granted beforehand, that those who read this will pardon the ignorance displayed in the questions, by the "asker." But as I don't know, I would like very much to get at the "true inwardness of the matter."

"Dr. Bertillon, as a result of an extensive inquiry, confirms his previously expressed opinion that onychophagia and similar habits are generally associated with degeneracy."

"The habit of biting the nails, sometimes persists until late in life.

The above quotations are from the *Public Health Journal*, N. Y., April 25, 1896. This biting nails persistently, habitually, is a very common one in this section, (Louisiana). Yet I recall four ladies, educated, brilliant, who would grace any assembly, who from childhood to 32 and 35 years, still bite their nails. There are three young boys, 16 to 19, keen as briars, bright, up-to-date every way, who offend in this respect. I also know several boys under 12 years, wild boys, *all boy* too, no fools either, who bite their nails 'till the ends of their fingers look like bulbs. Are these

degenerates? Does degeneracy mean reverting toward the brute? What proof have we ("tangible," as the venerable Doctor Livezey of Yardley, Pa., calls it), that man was ever a brute, or any more so than some specimens we have in this glorious 20th century? Has it been shown that the criminal class, young or old, habitually bite their nails to the quick more than others? Does evolution answer the question? Some years ago I saw where someone, laboring to prove that the cause of flopped ears in domestic animals was due to the fact of long domestication (degeneracy?), cited the dog, observed in his wild state the dog's ears are always pricked, or erect, not flopped.

If domestication causes ears to flop why not the horse, cow, sheep? Surely these have been domesticated for some time also. Now, if the amount of flop is a sign of the depth of degeneracy into which the dog has fallen, surely the hound must have sunk so low as to have become utterly lost.

"The habit of biting nails sometimes persists until late in life." So! later in life, the degenerated child, youth, woman of 32 to 35, becomes re-generated. In other words, ceases to be brute and become human."

Now, another question. Old age is said to be a second childhood. Has it been shown that any relapse comes on at that time, and the once degenerate—then regenerated human and again degenerate, second childhood, bites his nails?

I have observed another habit found in young people, viz., chewing slate pencils, yet it was the brightest ones in the school that did it. It may not have improved the health, but the intellect was not blunted thereby.

A habit, as I view it, is something we acquire by constant repetition, as the liquor, morphine, chewing slate

pencils, biting the nails, etc., but I cannot, for the life of me, see where any disease or degeneracy can be brought in as cause for the habit.

Again, multiple births, in the human family have been urged as a reversion to the brute creature. Have multiple births been confined to the last few centuries? Were they not of occurrence prior to the time of Christ, and as far back as history goes? Or do they occur more or less frequently in this degenerate age, than they did thirty centuries ago?

I recall a case in this parish, a lady of a long line of educated ancestors, herself and husband both educated and talented. Her second delivery was three boys and one girl, four at one birth.

Now another question. Why has the horse and cow families restricted themselves, since the memory of man, to a single one of their kind in births. Twin calves, or colts, are as uncommon, or more so, than multiple births in the human. Have these cows producing twin calves also degenerated? Is it of record of any of the animal creature below the ranks of the human being, addicted to biting their nails to the quick? I have recently been making a study of this matter, and find that cats, dogs, and monkeys lick their claws or paws, but don't bite them. Also such wild animals as 'coons, 'possums, rabbits and squirrels have too much of other uses for their nails to bite them off. Have never run upon one of the degenerate members of these families. It may be that they are so full of pure cussedness otherwise and of other kinds, that they have no time to degenerate, or fall into such habits.

I am aware that writers are not in duty bound to furnish the brains also, to comprehend what they give to the public, and I confess to not

being able to understand many of the *ipse dixit*s of the learned, more's the pity, and that is why I ask the questions.

N. B.—This is not a case of self-defense, as I do not bite my nails.—Brodnax.

MEMBRANES AND ALL INTACT.—*Dr. Brodnax*.—Have you ever had, in your experience, a child born at term, membranes and all intact? I had such a case a few days ago. There seemed to be only one continuous contraction after my arrival, which was only twenty minutes before that of the baby. The mother claimed that she had felt only slight uneasy sensations before the one expulsive contraction. The "waters" had not previously appeared. There was no post-partu hæmorrhage.

Yours truly,
Dr. R. L. Patterson.

Answer. No, doctor, have had none; but came very near it once. The amnion ruptured as the shoulders passed the vulva. I recently saw a case reported, in the *World* I think, very similar. I have had two cases with the head enveloped in a membranous covering called, commonly, a "caul," one negro, one white. Such cases as the doctor's are very rare. I would like to hear from the readers, of other cases.—Brodnax.

SOME GOOD POINTS.

Chattanooga, Tenn., May 3, '96.

Dr. Brodnax.—Your "boralide" has come to stay. Dr. Edson's article in *Public Health Journal*, April 15, 1896, on Ammonol in Chills," is a very interesting one.

Strychnine compliments boralide, aiding its virtues.

I have had good effects from the following, which I call "cough syrup No. 2."

Acetanilid 30 gr.
 Chlorate Potass. 30 gr.
 Strychnia 1 gr.
 Bichromate potass. 2 gr.
 Oil cinnamon
 Oil Sassafras 10 drops

Boiling water one pint.—Dose, one teaspoonful several times a day, according to severity of case. It beats "oil of gladness," so cooling and quieting. As an application to piles, it relieves at once and is the quickest outside of your silver nitrate. It cures also, that peculiar breaking out some old men have in the spring, "when the sap rises," usually an application does it. I think I will learn something about potash yet.

Yours,

Wm. H. Burgess.

QUININE FOR MALARIA—NOT RECOMMENDED.—For the benefit of the readers of JOURNAL, in malarial regions, I give here a part of an article by Dr. W. E. Jones, Tillon, La. It speaks for itself and needs no comments. The whole article is first-class and should be read by our southern country doctors. It is found in the May issue of *Medical World*, page 169. It will be noticed that the sedative treatment of malaria, instead of quinine to abort, is also the doctor's idea. I will add that he was a practitioner for several years in Arkansas, a malarial district, and knows whereof he speaks.—Brodnax.

"There is a difference in opinion about the administration of quinine in hematuria. It can be given with impunity at the right time and in large doses; but I am inclined to think that it helps to produce hematuria when given injudiciously. That is to say, when given before the liver is put in order. It should never be given where the liver is torpid or bile present in the stomach until calomel is given, the liver set in order and the bile not present in the stomach. When quinine comes

in contact with the bile it forms a mass, an insoluble sulphate, therefore you gain nothing by giving it, if you do no harm.

I have been asked how to prevent the next paroxysm. The hypodermic syringe is my *forte* here. I remain with the patient till that time is passed. If he has the paroxysm give him hypodermically sulph. morph., $\frac{1}{4}$ or $\frac{1}{2}$ of a grain and atroph. sulph., gr. 1-150. That will abort any paroxysm I have ever come in contact with, if given in time.

Again, I have been asked what I use as a specific for malaria, which quinine enjoys the reputation of being. Hyposulphite of soda is equal to the emergency and better than quinine, for its antiseptic effect internally; besides, it cleans the alimentary canal from the time it enters it till it is expelled, and even then it will deodorize the foul feces, giving off a strong sulphurous odor. Biddle's *materia medica* says hyposulphite of soda has a peculiar destructive power over malarial fungus. Therefore I have no use for quinine as a specific.

Again, if you get the liver to acting there will be no return paroxysm; at least, I have never had one return, so we can discard quinine as an anti-periodic. It has been claimed for it, however, if given at the beginning in 30 gr. doses, that it would clear up the urine; but if continued or given afterward it would reproduce the hemorrhage. I have never experimented with it, but I had a case fall into my hands for treatment who had been given quinine after the urine cleared up. The result was a return of hemorrhage, and it failed to prevent return of paroxysm. I will say more of this case in my clinical report, which I now give.

Case 1.—H. B., male, age 19, December 30, 1895. Had been having chills all the fall. He had a hard

chill on the 28th, and a hemorrhage. He sent for Dr. N., who could not come until the next day, but who sent him three doses of calomel to take one every three hours; also terebinth, gtts. x, and spts. nit. dulc., dr. $\frac{1}{2}$. When Dr. N. called on the 29th he ordered quinine every two hours to prevent the next paroxysm. His urine had cleared up. At 4 o'clock he had a hard chill and the hemorrhage returned. (I referred to this case in giving the effects of quinine.) At 3 a. m., the 30th, he sent for the writer.

I found him vomiting dark, bilious matter, with a temperature of 105.3-5 F. I gave the same treatment as case Nos. 1 and 2, withdrew the quinine and remained with him till 4 o'clock p. m., when his chill came on promptly. I gave him a hypodermic injection of morphine sulph., gr. $\frac{1}{4}$; atrop. sulph., gr. 1-150, and in ten minutes he turned to me and said: "Doctor, that was worth \$10 to me." In a few minutes he was perspiring and sleeping nicely. He never had another paroxysm, for before the next time his urine was clear and the temperature 101 F., with the bowels acting freely and discharging a black coal-tar-like feces. He made a slow recovery, but had no interruption.

Case 2.—C. W., male, age 14 years, September 2, 1895, had a chill in the morning, took a large dose of quinine and nothing else; in the afternoon, about 5 o'clock, he had another hard chill and rise of temperature. His father then gave

him fifteen grs. of calomel at one dose and discovered the hemorrhage and sent for the writer. I saw him about 7:30 p. m.; his temperature was then 103 F. As they did not preserve the specimen I could not complete my diagnosis, but I put him on my routine treatment, as I was inclined to believe it was hematuria. I gave him three capsules No. 1 of a cholagogue compound. I prepare for quick results of the following formula:

R Hydrarg. chlo, mit.
Ext. colocynth comp. pulv.
Ex. leptand. . . aa. 60 parts.
Pulv. ipecac.
Podoph res . . . aa. 10 parts.

M. and triturate one-half hour. Sig.—
Make No. 1 capsules, well filled, one every 12 hours.

The capsules were given as directed. I put him on a diuretic of the following:

R Oil terebinth. . . gtts. xx.
Spts. nit. dulc. . . dr. j.

M. Sig.—Give at one dose and repeat every 4 hours until the hemorrhage is checked.

Ordered a fly blister put over the liver and left him about 10 o'clock p. m. Called at 8 o'clock a. m. September 3. The temperature and urine were normal, but the bowels had not moved, notwithstanding he had taken fifteen grs. of calomel, besides an ordinary brisk purge. It required one hundred and twenty grains of sulphate of magnesia to move them, after which I put him on sat. sol. hyposulphite of soda, a tablespoonful every four hours. He was walking about the yard in two days.

Correspondence.

The Laryngoscope.

EDITOR CIN. MED. JOUR.

Dear Sir:—We send you No. 1, volume I, of *The Laryngoscope*, a journal devoted entirely to the consideration of diseases of the nose, throat and ear. The journal intends to fill the niche between the strictly special and the general journals, with that class of physicians who confine themselves entirely to the treatment of the diseases mentioned, or who pay especial attention to these troubles while maintaining a general practice. We will be pleased to have you notice *The Laryngoscope* in an early number of your esteemed publication, and send us a marked copy. We would also be pleased to exchange publications with you.

Yours truly,
The Editors.

For Dermatitis Venenata.

Without desiring to usurp the position of Critic, so well earned and worthily bestowed on Dr. Brodnax, I will give the formulæ for two prescriptions that I have used with satisfaction to myself and patients for the sole harrowing and sleep destroying, burning of acute dermatitis venenata. I consider Declat's glyco-phenique a positive remedy and will never disappoint.

R Glyco-phenique . . . ℥iv. Declat's.
Ol. olivæ . . . ℥iv.

M. Keep constantly applied by means of absorbent cotton.

The following will satisfy the most fastidious patient, but not a physician who has used Declat's glyco-phenique.

R Acid tannic . . . ℥ii.
Spts. camphor . . . ℥ii.
Ether sulphuric . . . ℥ii.

M. Keep constantly applied.

Dr. R. L. Patterson.
Coyville, Kan.

A Letter we Like.

ED. CIN. MED. JOUR.

Dear Sir:—My friend, Dr. T. J. Harrison, of this place, who is a subscriber of your JOURNAL, has kindly placed at my desk for perusal a few copies of the CIN. MED. JOUR., and as I read them, I became interested in their contents sufficiently to forward you my dollar, the subscription for one year, and wish to be enrolled upon your books. I have been taking as many journals as I could comfortably read, but I admire this one for the manner and way it says things, therefore my subscription.

Yours truly, W. T. Williams.
Montgomery, La., July 16, 1896.

A Lot of Good Things:

Dear Dr. Brodnax:—I appreciate your common sense notes very much. Something practical and to the point is what the busy country practitioner wants. No long fine-spun theories long drawn out, and emblazoned with technical hyeroglyphics. I submit a few practical hints that have stood me well in a busy practice for twenty-five years, for any criticism the family of the Journal may sees fit to bestow upon them.

"Facial acne."

R Boracic acid grs. l.x.
Distilled witch hazel . . ℥ii.
Bay rum ℥i.

M. Apply with sponge three times a day.

Burns or Scalds. Puncture all blebs, wrap parts afflicted with moist gauze, over which put a layer of antiseptic cotton, then saturate thoroughly and keep cotton soaked with

R Distilled witch hazel
Olive oil aa. ℥iv.
Laudanum ℥i.

M. After twenty-four hours remove dressing. Dust with boracic acid. With

powder blower renew same dressing as before. Your patient will come out all O. K. if treatment is followed up.

Summer diarrhea in children.

R Neutralizing cordial oz. i.

Ferbriline

Syr. Dover aa. oz. i.

M. Twenty drops to small teaspoonful every three hours alternating with

Elixir peptizyme

Grycole celery comp. . . . aa. oz. ii.

M. Sig. Thirty drops in a little water.

At this season of the year when children have more or less bowel trouble and restlessness from teething, the above remedies will be found superb.

"Cholera morbus."

R Neutralizing cordial oz.

Tr. opii. et. camphor

Tr. Zingiber aa. oz. i.

Chloroform 3i.

M. Teaspoonful every three hours.

Often if necessary, alternating with one 5-grain tablet subgallate bismuth. Sinapisms over the epigastric region. The above for an adult. Children from twenty to thirty drops, or less according to age. Give in a little water.

"Nill vitality."—Case, M. H., age twenty-four years, took unto himself a better half. I told him to get fixed up before he undertook that venture, as I suspected him to be a victim of masturbation. In fact I knew it from his general appearance, but he heeded not the admonition but married a buxom girl with an amorous disposition. After about a week he came into my office, pale and excited, and said he was "no good," and wanted me to straighten him out, which I proceeded to do in the following manner: first, with cannula catheter I washed out the bladder with the following:

Lloyd's hydrastis

Eucalyptol comp. aa. oz. i.

Hot water O. ss.

M. Attached syringe to catheter, washed out the bladder thoroughly once a week for three weeks. Gave him thirty grains bromide of soda three times a day to quiet nervous irritability, with one compressed tablet,

Hyd. chlo. mix }
Soda bicarb. aa. } ½ grains.
Podophylin }

every night at bed-time. Continued this treatment for one week, after which I gave him one tablet after each meal, composed,

Phosphorus grs. 1-100.

Ext. nux. vom. " ½.

Ext. damiana " 2.

This constituted the sole treatment. In five weeks he was all O. K. No recurrence, and before the year expired, he became the paternal ancestor of a large infantry contingent.

"Nasal catarrh." I have a large compressed air atomizer with Davidson's hard rubber attachments. First, I spray the nasal cavities thoroughly with No. 1,

Eucalyptol comp.

Colorless hydrastis aa. oz. ss.

Rose water oz. i.

M. Wash out the nasal cavities thoroughly, using continuously not over five minutes each time. After using the above, I then use No. 2 "Coline spray," containing,

Oleate cocaine, 5 per cent., 40 parts.

Oil sassafras, 5 per cent., 50 parts.

Coline, q. s., 1000 parts.

The latter being a preparation of neutral petroleum possessing all the bland soothing and healing properties of best grades of petroleum. The above allays all irritation of the mucous surfaces, and heals the parts. I also spray the throat with peroxide of hydrogen. One treatment each day for one week. The second week, three times during the week; third week, twice a week; fourth week, once a week. Usually at the end of the fifth week, there is no catarrh to treat. For constitutional treatment if patient be anemic, I give

R Citro chloride iron oz. ii.

Sig. One teaspoonful three times a day. If "catarrhal hemicrania" be present,

R Antikamnia, sal. et. quinine, grs. xxx.

Cactina pellets No. 6.

M. Fill 5-grain capsule with one pellet in each capsule.

Sig. One capsule every three hours.

Wishing the JOURNAL and the whole JOURNAL family abundant success, I may at some future time make a few, seasonable suggestions to Brother Brodnax. I would say he is a man after my own heart, and would like to drop away down in the pelican state, and call on the good doctor at home. I am sure we could have a royal time.

Faternally yours,
A. C. Hatfield, M. D.
Adair, Ill.

Kind Words.

Dr. Monroe pokes some kindly words at the "corner" editor, for which he has many thanks. Few of us but are pleased with kind words and wishes, especially when the gray hairs, in head and moustache, tell us the better half of life's road is past, and the time for rest is coming. The doctor hints that he does not agree with me in all things. So, doctor, it is these differences of opinion that bring out the *facts* and *experiences* in a life of work. It is rubbing the steel with emery and crocus that brings the polish. Wherein difference, is wherein the great middle road of truth is found. See for instance, in the fashionable surgical operation appendicitis, one says, "now is the time to operate, not to-morrow, but now." Hunter McGuire, of Virginia, says, "I wish I had a voice that would reach these hasty operators and ask them to wait till the acute symptoms had subsided—and not operate *now*," or never. You see doctors will differ as to treatment, and it is these, as I said, that give the student the guide to go by. "A man with an opinion" is the man to listen to, because he has *reason for it*. It is this we all want. There may be, some say there is too much treatment *without* a reason. It is a poor practice. I have very little admiration for the

man who is too ready with the knife. It is short work, goes to the place, brings renown, and all that. But the patient who is knifed? *Many* echoes answer.—Brodnax.

A Great Scheme.

EDITOR CIN. MED. JOUR.

I write to inform your country subscribers of an arrangement I have for messenger service. Where a patient lives at a distance and needs only intermittent attention I leave two or three of my "homing pigeons" with him. If he needs attention before the day upon which he expects me, he releases one of the birds, and it hurries home at the rate of a mile every minute or two. Every time I go to the stable after my horse, I glance at the roof and into the loft and note if either of the birds is home. If I see one I visit my patient at the first opportunity. Sometimes I have a code of signals arranged to take the place of more elaborate messages. One consumptive sent a bird with a blue ribbon around its leg if nervousness was the chief symptom; a red ribbon if hemorrhage, and so a patient may be interested and amused, at the same time that communication is greatly facilitated. Of course the reliability of the birds must be proven. Mine are all bred from winners in many a hotly contested race. I should be pleased to hear from any brother practitioner who wants to know more of this source of help and recreation.

Very truly yours,
Chas. L. Lang, M. D.
Meridian, N. Y., June 15, 1896.

Cocaine.

EDITOR CIN. MED. JOUR.

Dear Sir:—Our cocaine advertised in your JOURNAL, is a chemically pure product, the highest standard of quality. We are the largest makers in the world of cocaine. We took up cocaine as a special leader twelve years ago, when it came into demand as an anesthetic, and at once, in 1884, sent our head chemist to Lima, Peru, where he erected the first works to produce crude cocaine from fresh coca leaves, sending the product to Mannheim for purification; we have always since been leaders in perfecting process and product step by step.

Boehringer's cocaine is preferred by all eminent specialists—in surgery, gynecology, ophthalmology, etc.—by general practitioners, by leading pharmacists, manufacturers, etc. We are advertising our cocaine in medical journals because we wish to further increase its popularity, and because we believe in such advertising. We hope you give preference to *Boehringer's cocaine* because of its unexcelled quality; we presume, of course, that you are familiar with our product.

May we ask as a favor that when ordering cocaine you will specify "*Boehringer's*" or "*B. & S.*" and that you will make use of or prompt your druggist to use the enclosed order cards, filling

them out for desired quantity, noting name of wholesale druggist preferred and sending them to us. We will appreciate such orders, and will promptly transfer them to the designated wholesale dealers.

Soliciting your kind preference for all our products, we remain,

Very truly yours,

C. F. *Boehringer & Soehne.*

New York, June 13, 1896.

EDITOR CIN. MED. JOUR.

Sir:—I have the honor to invite your attention to the enclosed notice respecting vacancies in the Medical Corps of the U. S. Army, and to request that you will give it a place in your JOURNAL as a matter of news and call such attention to it as you may deem proper. The regulations of the department are such that this notice cannot be regarded in the light of an official advertisement. Very respectfully,

Geo. W. Sternberg,

Surgeon General U. S. Army.

Vacancies in the Medical Corps of the U. S. Army.

There are at present three vacancies in the Medical Corps of the U. S. Army, and it is expected that at least three more will occur during the present year. As usual, an Army Medical Board will meet in Washington early in October for the examination of candidates. The requirements for admission to the Medical Corps are stated in a circular issued by the Surgeon General of the Army, dated May 21, 1896, and approved by the Secretary of War, as follows:

"Permission to appear before the Board is obtained by letter to the Secretary of War, which must be in the handwriting of the applicant, giving the date and place of his birth and the place and State of which he is a permanent resident, and inclosing certificates, based on personal acquaintance, from at least two reputable persons as to his citizenship, character, and habits. The candidate must be a resident of the United States, between twenty-two and twenty-nine years old, of sound health and good character, and a graduate of some regular medical college, in evidence of which his diploma will be submitted to the Board. The scope of the examination will include the morals, habits, physical and mental qualifications of the candidate, and his general aptitude for service; and the Board will report unfavorably should it have a reasonable doubt of his efficiency in any of these particulars.

"The physical examination comes first in order, and must be thorough. Candidates who fall below sixty-four inches in height, will be rejected. Each candidate will also be required to certify that he labors under no mental or physical infirmity or disability which can interfere with the efficient discharge of any duty which may be required. Errors of refraction, when not excessive, and not accompanied by ocular disease, and when correctible by appropriate glasses, are not causes for rejection.

"The mental examinations are conducted by both written and oral questions, upon—

"I.—Elementary branches of a

common school education, including arithmetic, the history and geography of the United States, physics, ancient and modern history, and general literature. Candidates claiming especial knowledge of the higher mathematics, ancient or modern languages, drawing, analytical chemistry or branches of natural science, will be examined in those subjects as accomplishments and will receive due credit therefor according to their proficiency.

"II.—Professional branches, including anatomy, physiology, chemistry, hygiene, pathology and bacteriology, therapeutics and materia medica, surgery, practice of medicine, obstetrics and the diseases of women and children.

"Examinations will also be conducted at the bedside in clinical medicine and surgery, and operations and demonstrations will be made by the candidates upon the cadaver.

"Hospital training and practical experience in the practice of medicine, surgery, and obstetrics are essential to candidates seeking admission to the Medical Corps of the Army, who will be expected to present evidence that they have had at least one year's hospital experience or the equivalent of this in practice.

"To save unnecessary expense to candidates, those who desire it may have a preliminary physical examination and a mental examination in the elementary branches of a common school education, by a medical officer of the Army stationed most conveniently for this purpose, who will act under instructions from the Medical Examining Board."

WHAT-DO-YOU-WANT?

DO YOU WANT ANYTHING YOU HAVE NOT GOT?
HAVE YOU GOT ANYTHING YOU WANT TO GET RID OF?

SAY SO IN THIS JOURNAL WITHOUT COST.

FOR SALE.—Practice with house and lot, in O'Fallon, St. Charles County, Mo., 37 miles from St. Louis. Practice worth \$3,000 a year, and collections good. Opposition small. For further information address C. W. KINNISON, M. D., O'Fallon, St. Charles County, Mo.

WANTED.—A doctor to locate in a small town in the Panhandle of Texas. Practice pays from \$1,000 to \$1,500 per year. Collections good. County will allow a doctor \$300 per year, payable quarterly. For further particulars address Dr. E. W. NEWLAND, Lipscomb, Texas.

WILL exchange one *Yeo's Manual of Physiology* (new), 321 illustrations, 1892 edition, for head mirror not less than three and one-half inches, and throat mirrors.—W. H. BALDWIN, M. D., Bethel, Mich.

If you want a good practice, good climate, good home, well improved farm, on good terms, please address me with stamp. Motive in selling, I am sixty-four years old, and wish to retire from all business.—J. B. ROGERS, M. D., Kinder, La.

FOR SALE OR RENT.—I will sell or rent my residence property at New Pittsburgh, Randolph County, Ind., to a physician wishing a first-class location. Property consists of large well-built two-story house, cellar, cistern, well, good office, good out-buildings, etc.; also, twenty acres of well-improved land if desired. Surrounding country good and well settled. Excellent location. For particulars, address W. A. RICKARD, M. D., 1315 South Madison St., Muncie, Ind.

WANTED.—A business partner with \$10,000 for an interest in the best specialty in the world. Entirely new. Knows no competition, founded on rational and scientific principles after thirty years' constant practice, study and investigation. We can say we have the greatest discovery for suffering humanity, and the best money-maker in this country, which we will demonstrate to any man's satisfaction. Do not write unless you have the money and mean business. Address Drs. Mock & Mock, Marion, Ind.

Pharmaceutical Notes.

E. C. White, M. D., Jacksonville, Fla., writes: My experience with malto pepsine (Tilden's) has been so decidedly satisfactory and gratifying that I prescribe it with a positive assurance that benefit will follow its use. In the case of an infant effected with a weak catarrhal stomach, with faulty digestion, and a tendency to excessive purging and vomiting, its action was very prompt in correcting the difficulty.

A STERN REMEDY.

"Johnny," screamed his mother, "why are you sitting on your brother's chest? You'll kill him."

"I know it," retorted the urchin. "If I let him up he'll go swimmin' and be drowned."

Sanmetto in Irritability of Bladder in patient ninety one years of age. Dr. Robert Cochrane, L. R. C. S. I., L. M., Blackhill, Coleraine, Co. Derry, Ireland, says: "I prescribed a bottle of Sanmetto for an old gentleman aged ninety-one years. This patient was suffering excruciating pain from irritability of bladder—scarcely ever got warm in bed on account of the repeated calls to void urine, in fact he was delirious. A few doses of Sanmetto gave him great relief, and before the bottle was done he had not to rise once during the night. He is going about now, hale and hearty at his advanced age."

I have prescribed Peacock's Bromides advantageously in a number of cases of dysmenorrhœa, uterine congestion, and difficult dentition in infants and always with the most happy results.—*Jas. B. Kersey, M. D.*

I am not in the habit of giving testimonials and certainly would not do so until I had given the remedy a thorough and satisfactory trial. I have prescribed Cactina Pellets about five years and find them to be a very valuable preparation—much better than the modest claims made for them.—*O. M. Brown, M. D., Hockley, Tex.*

COLUMBUS, OHIO, July 18.—Mrs. Ellen Walsh, of Baltimore street, to day filed a suit for \$10,000 damages against Dr. J. F. Baldwin, a prominent physician. She alleges malpractice in a recent surgical operation.—*Cincinnati Enquirer.*

TAKE YOUR VACATION NOW.

Go to picturesque Mackinac Island via the D. & C. (Coast Line). It only costs \$13.50 from Detroit, \$15.50 from Toledo, \$18.00 from Cleveland for the round trip, including meals and bearths. Tickets good for 60 days, bicycles carried free. One thousand miles of lake and river riding on new modern steel steamers for the above rates. Send 2c. for illustrated pamphlets. Address, A. A. SCHANTZ, G. P. A., Detroit.

3 OUT OF EVERY NINE CHILDREN

Wasting Diseases

die before they reach their fifth year. Rotch, of Boston, in his classic work, "Pediatrics," says: "In the latter part of the first year tuberculosis becomes very common." Add to this all cases of malnutrition, gradual decline, thinness, pallor, and other "wasting diseases" and you have a list of affections which call for

Scott's Emulsion

of Cod-liver Oil with Hypophosphites. The oil is a food, partly digested, and promptly assimilated. The hypophosphites impart strength and activity to the nervous system.

Scott's Emulsion More Than Feeds

It changes unhealthy action to one of health. It increases the red blood corpuscles. It is a tonic and an alterative.

To prevent substitution, Scott's Emulsion is put up in two sizes at 50 cents and \$1.00. Kindly prescribe it always in the unbroken package.

SCOTT & BOWNE, Mfg. Chemists, New York

MALTOPEPSINE

TILDEN'S

A UNIQUE AND PREPOTENT DIGESTANT.
PROMPT, PLEASANT AND RELIABLE.

WHAT IS IT? Maltopapsine is a dry powder, essentially of Malt-Diastase, Pepsin, Hydrochloric and Phosphoric Acid, with a pleasant, sweetish acid taste.

WHAT ABOUT IT? It appeals to the good sense of the thoughtful Physician. (1) Because it combines the three indispensable elements of a perfect digestive ferment. (2) Because it has fully demonstrated its value by exacting clinical tests in many forms of Indigestion, Dyspepsia, Vomiting of Pregnancy, Lysteric and Dysenteric Diarrhoea, Sick Headache, Cholera Infantum and the Indigestive Diarrhoea of Children.

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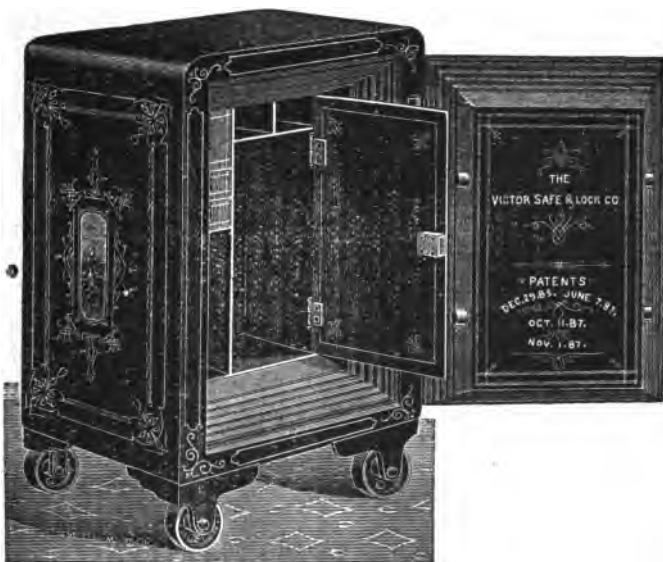
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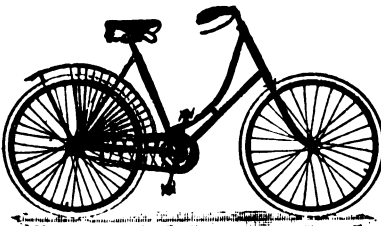
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Fig. XVII—Dorsal Position.

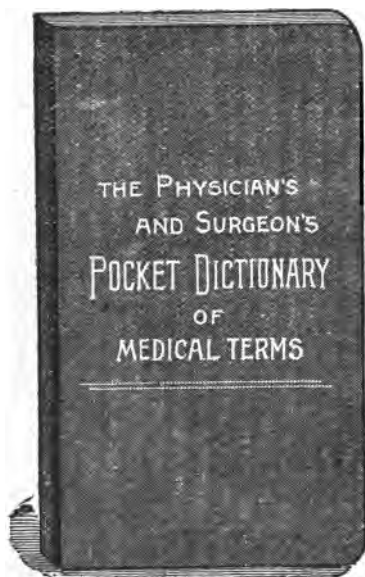
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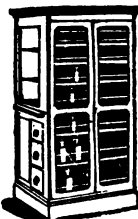
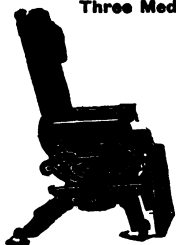
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